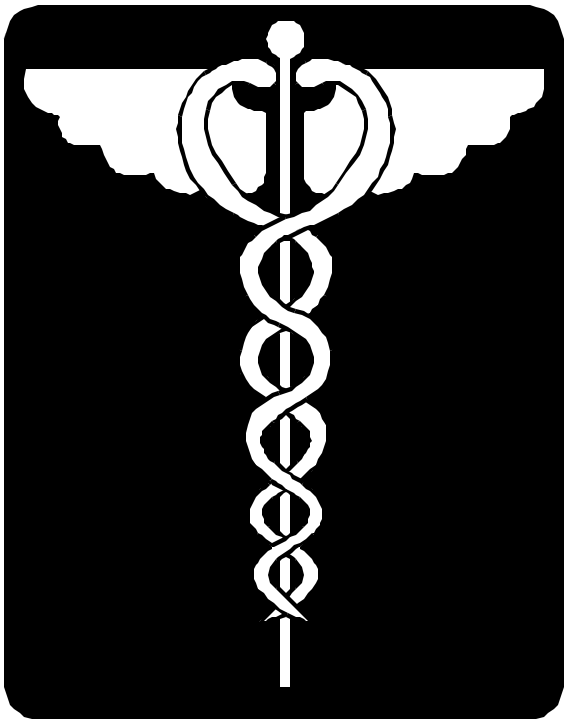
State of California
2007 Statewide Medical & Health Disaster Exercise

EXERCISE GUIDEBOOK

A collaboration of:
California Department of Public Health
Emergency Medical Services Authority
California Hospital Association



October 25, 2007

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State of California
Statewide Medical & Health Disaster Exercise
October 25, 2007

Executive Summary

August 2007

Dear Exercise Participant:

With the new and emerging threat of outbreaks of infectious disease, such as pandemic influenza or biological terrorism, which have the potential for causing mass casualties, healthcare providers and systems must be prepared to respond to and recover from these catastrophic events.

Over the last year, surge capacity and capability planning has been a focus for hospitals, clinics, Emergency Medical Services (EMS), local public health departments, other healthcare providers, and government officials at the local, regional, state, and federal level. The 2007 Statewide Medical and Health Disaster Exercise has been developed for hospitals, clinics, EMS and local public health departments to test and evaluate the surge plans using a scenario of biological terrorism. A release of pneumonic plague would result in the surge of large numbers of patients who would require care for extended periods. The scenario has been developed to encourage and allow hospitals and health care providers to interact with local law enforcement, local emergency management and community partners. Other features of the exercise focus on shift changes and incident action planning.

The 2007 exercise is structured for 12 hours, from 5:00 am to 5:00 pm, to facilitate the exercising of multiple shifts (nights, days, and evenings) and to include shift changes, especially in the Hospital Command Center (formerly known as the Hospital Emergency Operations Center). A 12 hour exercise may pose unique planning and logistical issues for participants. Hospitals are not required to conduct a 12 hour exercise, but should consider the exercise timeframes as "modules" which can be used to customize the exercise to the facility's specific objectives. Therefore, if a participant plans a four-hour exercise, the content of the exercise "modules" could be timed for your exercise period. See page 2 for tips on how to use the guidebook.

We encourage the participants to coordinate with other community partners to conduct a community-wide exercise. The Operational Area (OA) Exercise Contact is your point of contact for planning, questions, and organization for the exercise. We encourage you to contact the OA Exercise Contact early in the planning process to assist you in the execution of the 2007 exercise. Please see page 146 of this guidebook for the OA Exercise Contacts list.

Important Timelines and Deadlines

September 28, 2007	Deadline to fax Intent to Participate form (page 101) to the OA Medical/Health Exercise Contact (see list of contacts on page 146).
October 25, 2007	The exercise is scheduled from 5:00 am to 5:00 pm. The scenario stages the threat of exposure to occur on Monday, October 22, 2007, and the healthcare system responds to the overwhelming numbers of patients presenting with symptoms. Hospitals may conduct exercises for any number of hours during the exercise play.
November 9, 2007	Deadline to complete and mail the appropriate Master Answer Sheet for your discipline to the address on the form to receive a certificate of participation.

Thank you for your commitment to disaster medical planning and preparedness.
We look forward to hearing about your successful exercise!

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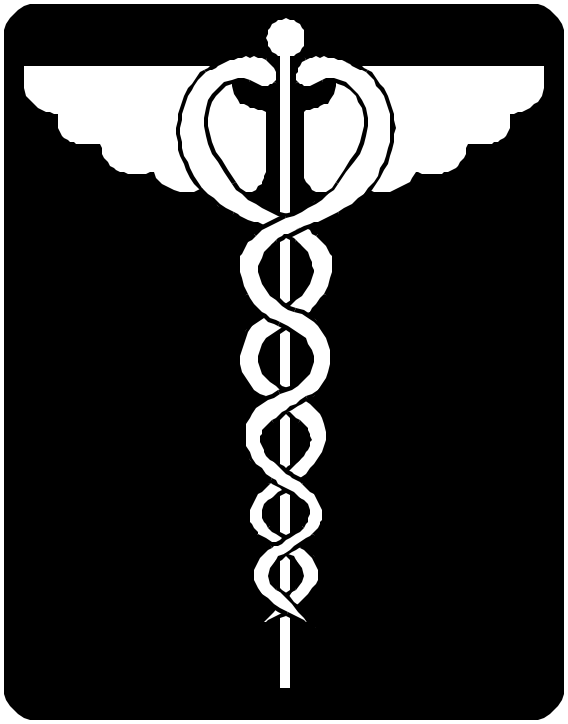
State of California
Statewide Medical & Health Disaster Exercise
October 25, 2007

Table of Contents

Tips:
How to Use the Guidebook



Tips: How to Use the Guidebook

The 2007 Statewide Medical and Health Disaster Exercise Guidebook is intended to provide participants with a scenario and tools to plan and conduct an exercise in their healthcare organization. The target audience for this exercise is acute care hospitals, community care clinics, public and private emergency medical services providers, and local health departments. Other healthcare system providers (e.g., long-term care and other healthcare providers, auxiliary communications systems) are encouraged to participate in the healthcare community exercise.

The Operational Area (OA) Emergency Operations Center (EOC) is encouraged to participate in the exercise by activating the EOC Medical and Health Branch and providing coordination and allocation of resources and information-sharing. The Regional and State Emergency Operations Centers will not be participating in this year's Statewide Medical and Health Disaster Exercise. The OA EOC and OA Exercise Contact are encouraged to simulate important agencies (e.g., the Regional and/or State EOC, the Center for Disease Control and Prevention, Poison Control Centers) to lend realism to the OA exercise.

The exercise is scheduled for **October 25, 2007 from 5:00 am until 5:00 pm**. The exercise was planned for 12 hours to accomplish the following objectives:

- Exercise three shifts (am, pm, nights) by spanning the 12 hours
- Conduct a shift change for the incident management personnel in the organization
- Assess and plan for extended operations and address recovery issues
- Conduct incident action planning
- Provide the participant with exercise tools and options to maximize exercise play

Reporting Intent to Participate
Participants should report their intent to participate to the OA Exercise Contact no later than September 28, 2007 using the form on page 101. This year, there is no intent to participate summary report required from the OA Exercise Contact to the Regional Disaster Medical and Health Specialist (RDMHS). The OA Exercise Contact, however, is encouraged to communicate with the RDMHS about the OA participation in the exercise.

Using the Exercise Scenario as "Modules"
The scenario is constructed to accommodate a 12 hour exercise and to introduce multiple challenges for participants in the management of an outbreak of an infectious disease due to a terrorism event **and** management of a surge of patients. It is recognized that participants may not be able to conduct a 12 hour exercise; therefore, the exercise scenario was developed in modular format to be adapted for the participant's exercise goals and objectives.

Each timeframe in the scenario can be considered a "module". Each of the timeframes highlight a specific aspect of patient management, command and control, or surge management. For example: a participant could chose multiple timeframes (e.g., 10-25-07 at 7:00 am, 10-25-07 at 11:30 am, and 10-25 at 2:00 pm) as modules to exercise and meet the organizational exercise objectives. These modules would be compiled into an exercise for the facility and can be re-timed to fit the scheduled exercise period.

Exercise Objectives
Exercise objectives are provided for acute care hospitals, community clinics, EMS providers, local public health departments, and OA EOC Medical & Health Branches. While there are multiple objectives for each, participants may use the objectives to exercise key components of the organization's emergency operations and surge plans, policies, and procedures or can exercise all objectives.

State of California
Statewide Medical & Health Disaster Exercise
October 25, 2007

Pre-Exercise Intelligence Messages

Pre-event intelligence reports are included in the Guidebook to enhance the realism of the terrorism event and to test internal communication systems. These messages are for exercise use only and are developed to match the scenario for the Statewide Medical and Health Exercise.

To test the communication of intelligence information to healthcare providers, the two intelligence messages contained in the Guidebook will be distributed to participants before and during the exercise. The exercise intelligence messages can be found on page 37.

Message One: Monday, October 22, 2007 at approximately 4:30 pm:
The first intelligence message containing information about a possible threat will be broadcast to medical and health providers from:

- The Emergency Medical Services Authority (EMSA) to Local Emergency Medical Services Agencies (LEMSA) and EMS providers via email
- The California Department of Public Health (CDPH) to local public health departments via the California Health Alert Network (CAHAN)
- The California Hospital Association (CHA) to hospitals via email and fax
- The California Primary Care Association (CPCA) to the community clinics via email

Message Two: Wednesday, October 24, 2007 at approximately 9:00 am:
The second message is a higher alert than message one, and alerts healthcare providers of an impending threat. The message will be disseminated to medical and health providers as described above.

The purpose of the messages is to exercise communication of intelligence information to healthcare providers and for healthcare providers to test internal policies and procedures to manage sensitive information within the organization, including to whom the information is given and what measures are implemented due to the threats. Should the message not reach the participant during the exercise, the participant can use the messages provided in the Guidebook (page 37).

Background for the Scenario

The exercise begins on Thursday, October 25, 2007 at 5:00 am, but scenario background is provided to "set the stage" for the events leading up to the day of the exercise. The simulated background events begin on Monday, October 22, 2007 with the Federal Department of Homeland Security notifying the State of California Office of Homeland Security of threats to the medical and health system (pre-exercise intelligence message one). The exposure event occurs on October 23rd and on October 24th the second pre-exercise intelligence message is released (see above).

Some of the background information for the scenario should be used by the exercise planner or controller to plan and conduct the exercise, but this information should not be shared with internal participants. Exercise planners can inject the intelligence information, but keep the event intelligence and release of the agent out of the internal exercise play until identified in the scenario by officials.

Master Sequence of Events List

This year, the guidebook contains a master sequence of events list (MSEL) to assist participants in conducting the exercise. The MSEL consists of the discussion and action points embedded in the scenario, listed by participant category. Participants can expand the MSEL by developing exercise injects and messages, customized to stimulate organizational play.

Exercise Evaluation

Evaluating the exercise and creating an after-action report (AAR) and corrective action plan (CAP) can pose a challenge to planners. The Guidebook contains resources and references for exercise evaluation tools to assist the organization's exercise planner.

Participant Recognition and Certificates of Participation

After the exercise, Certificates of Participation will be issued to all exercise participants that complete and submit the Exercise Evaluation Master Answer Sheet (starting on page 111) to the address below. The deadline to submit the Exercise Evaluation Master Answer Sheet form is **November 9, 2007.**

Exercise Master Answer Sheets should be mailed to:

Emergency Medical Services Authority
1930 9th Street
Sacramento, CA 95814
Attn: Statewide Exercise Evaluation

Upon receipt of the Exercise Evaluation Master Answer Sheet, the exercise contractor will mail the Certificate of Participation to the organization. Certificates will be issued no later than December 1, 2007.

Auxiliary Communications Systems

This exercise does not include the activation of Auxiliary Communications Systems (ACS) because the focus is on participant surge planning. Participants may elect to exercise ACS during this exercise and develop injects or add to the scenario.

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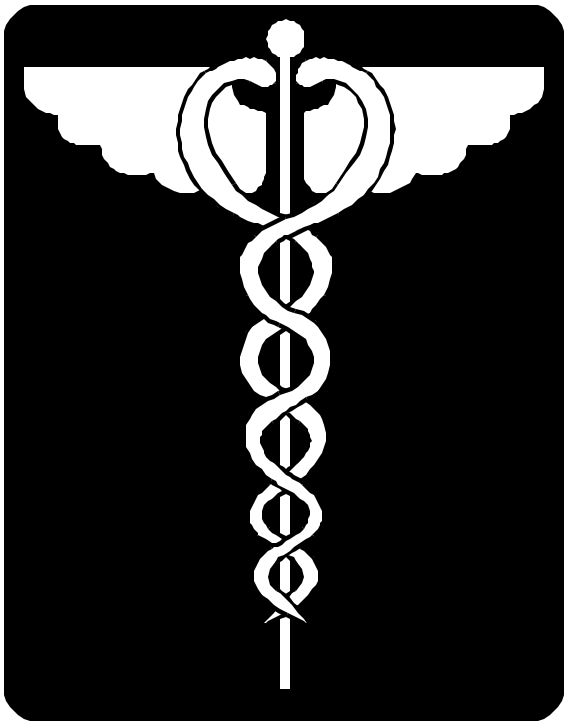
Exercise Objectives



State of California
Statewide Medical & Health Disaster Exercise
October 25, 2007

EXERCISE OBJECTIVES

Acute Care Facility/Hospital Objectives

Objective I: Pre-Exercise Event:
Assess the facility's integration and participation in community-wide emergency preparedness, planning and response. This integration includes area hospitals, community clinics, public health, other healthcare organizations (e.g., long-term care), public and private emergency medical services (EMS) providers, law enforcement, and emergency managers. As a result of this assessment, collaborate and build relationships with important providers to prepare for the exercise and any actual event.
Joint Commission 2007 Standards: E.C.4.10.2, E.C.4.10.3, E.C.4.10.5, E.C.4.10.6, E.C.4.20.1, E.C.4.20.2, E.C.4.20.3
Joint Commission 2008 Standards: E.C.4.11.3, E.C.4.11.4, E.C.4.11.6, E.C.4.11.7, E.C.4.12.1, E.C.4.12.2, E.C. 4.20.1, E.C.4.20.2, E.C.4.20.4

Objective II:
Activate the Emergency Operations Plan and the incident command system (e.g., the Hospital Incident Command System [HICS]) to manage the biological surge event and large influx of patients.
Joint Commission 2007 Standards: E.C.4.10.2, E.C.4.10.3, E.C.4.10.6, E.C.4.10.8, E.C.4.10.19, 4.10.21
Joint Commission 2008 Standards: E.C. 4.12.1, E.C.4.12.2, E.C.4.12.3, E.C.4.12.4, E.C.4.12.5, E.C.4.15.4
NIMS Implementation Activity for Hospitals and Healthcare Systems: Element 1 and 2

Objective III:
Exercise facility surge plans to expand capacity and manage a large influx of patients, including the activation of hospital-based alternate care sites.
Joint Commission 2007 Standards: E.C.4.10.10, E.C.4.13.7, E.C.4.10.13
Joint Commission 2008 Standards: E.C.4.12.7, E.C. 4.18.1, E.C.4.18.2, E.C.4.18.3, E.C.4.18.4, E.C.4.18.6
NIMS Implementation Activity for Hospitals and Healthcare Systems: Element 12

Objective IV:
Assess the facility's capability to track patients throughout the hospital, including the hospital-based alternate care sites and to other patient care destinations, in accordance with applicable law and regulations.
Joint Commission 2007 Standards: E.C.4.10.13, E.C.4.10.15, E.C.4.10.18
Joint Commission 2008 Standards: E.C.4.13.5, E.C.4.13.11, E.C.4.13.12, E.C.4.13.13, E.C.4.14.10, E.C.4.14.11, E.C. 4.18

Objective V:
Exercise the ability to maintain reliable surveillance and communication capability to detect outbreaks of infectious disease and to communicate response efforts to staff, patients, their families and external agencies. Use appropriate forms and status reports.
Joint Commission 2007 Standards: E.C.4.10.7, E.C.4.10.8, E.C.4.10.10
Joint Commission 2008 Standards: E.C. 4.13.1, E.C.4.13.2, 4.13.3, E.C.4.13.4, 4.13.5, E.C.4.13.7
NIMS Implementation Activity for Hospitals and Healthcare Systems: Element 4

Objective VI:
Assess the ability to provide prophylaxis to hospital staff, physicians, volunteers, current patients and others as appropriate, in consultation with local public health department.
Joint Commission 2007 Standards: E.C.4.10.7, E.C.4.10.8, E.C.4.10.10
Joint Commission 2008 Standards: E.C. 4.13.1, E.C.4.13.2, 4.13.3, E.C.4.13.4, 4.13.5, E.C.4.13.7
NIMS Implementation Activity for Hospitals and Healthcare Systems: Element 4

Objective VII:
Exercise the ability to expand and augment personnel resources during a prolonged surge event, including the use of volunteers and community resources, for between 96 hours and seven days.
Joint Commission 2007 Standards: E.C.4.10.10, E.C.4.10.15, E.C.4.10.20
Joint Commission 2008 Standards: E.C. 4.11, E.C.4.14.5, E.C.4.14.6, E.C.4.14.7, E.C.4.17.1, E.C.4.17.2, E.C.4.17.3, E.C.4.17.4, E.C.4.17.5
NIMS Implementation Activity for Hospitals and Healthcare Systems: Element 8, 15 and 16

Objective VIII:
Assess the ability to prioritize, manage, and allocate resources, especially scarce resources (e.g., ventilators, negative-pressure isolation capacity, personal protective equipment, critical care beds, pharmaceuticals) during an infectious surge event.
Joint Commission 2007 Standards: E.C.4.10.10
Joint Commission 2008 Standards: E.C. 4.11.9, 4.11.10, E.C.4.14.
NIMS Implementation Activity for Hospitals and Healthcare Systems: Element 8, 15 and 16

Objective IX:
Demonstrate the ability to communicate facility needs to outside sources (e.g., vendors, suppliers, EMS, city/OA stockpiles, corporate healthcare system) for essential supplies, services, and equipment to ensure integrity of resource supply chain.
Joint Commission 2007 Standards: E.C. 4.10.8, 4.10.10, 4.10.18
Joint Commission 2008 Standards: E.C. 4.14.

Objective X:
Assess the ability to secure the hospital facility and grounds to protect staff, volunteers, physicians, patients, visitors, and assets using internal and external resources.
Joint Commission 2007 Standards: E.C.4.10.10, E.C.4.10.21
Joint Commission 2008 Standards: E.C. 4.15.1, E.C.4.15.2, E.C.4.15.6, E.C.4.15.6, E.C.4.15.7, E.C.4.15.8
NIMS Implementation Activity for Hospitals and Healthcare Systems: Element 3 and 8

Objective XI:
Activate hospital laboratory policies and procedures to communicate to the local public health laboratory and/or local Laboratory Response Network (LRN) to determine appropriate specimen/sample preparation and shipment to the LRN laboratory.
Joint Commission 2007 Standards: E.C.4.10.8, E.C.4.10.10
Joint Commission 2008 Standards: E.C .4.11.4, E.C.4.13.3, E.C.4.13.4, E.C. 4.13.7, E.C.4.18.1
NIMS Implementation Activity for Hospitals and Healthcare Systems: Element 3 and 4

Objective XII:
Activate information management plans and develop public information messages consistent with local authorities (OA Joint Information Center) and other healthcare providers in a rapid and timely manner for internal (current patients, staff, volunteers, physicians, visitors) and external (media, others) dissemination.
Joint Commission 2007 Standard: E.C.4.10.10
Joint Commission 2008 Standard: E.C. 4.13.6
NIMS Implementation Activity for Hospitals and Healthcare Systems: Element 3 and 4

Objective XIII:
Demonstrate the ability to activate established memorandums of understanding (MOU) between the hospital and community partners, private entities, vendors and others as applicable.
Joint Commission 2007 Standards: 4.10.5, 4.10.6, 4.10.10, 4.10.15
Joint Commission 2008 Standard: E.C. 4.11.7, 4.11.8, 4.13.7, 4.14.1, 4.14.7, 4.14.8
NIMS Implementation Activity for Hospitals and Healthcare Systems: Element 8

Community Care Clinic/Medical Clinic Objectives

Objective I:
Activate the Emergency Operations Plan and the incident command system (e.g., the Hospital Incident Command System [HICS]) to manage the biological surge event and large influx of patients.

Objective II:
Exercise the ability to maintain reliable surveillance and communication capability to detect outbreaks of infectious disease and to communicate response efforts to staff, patients, their families and external agencies.

Objective III:
Assess the ability to provide prophylaxis to clinic staff, in coordination with local public health department.

Objective IV:
Assess the ability to secure the clinic facility and grounds to protect staff, volunteers, physicians, patients, visitors and assets, considering lockdown or closure of facility.

Objective V:
Assess the ability of clinic to expand patient capacity by utilizing non-traditional patient care areas within the facility (e.g., office space, conference rooms) for the triage and treatment of patients and/or acute care hospital transfers.

Objective VI:
Communicate approximate surge capacity and resource capabilities to the OA Medical/Health point of contact (POC) utilizing appropriate communication systems.

Objective VII:
Assess capacity to assist other affected clinics in the OA with resources (e.g., staff, volunteers, supplies, equipment, and mobile clinics).

Objective VIII:
Coordinate clinic response efforts with local hospitals, city public works, law enforcement, fire, EMS, and volunteer emergency response teams as available (e.g., Medical Reserve Corps, Community Emergency Response Teams).

Emergency Medical Services Providers/Ambulance Providers

Objective I:
Implement the provider's emergency preparedness response plan using a recognized incident command system (ICS).

Objective II:
Establish communications with the OA medical and health point of contact (POC) for guidance and protocols on response activities.

Objective III:

Assess the ability to manage transportation of infectious patients, including infection control measures.

Emergency Medical Services Providers/Ambulance Providers

Objective IV:
Exercise the triage, management, and coordination of a large number of patients during a surge event, including protocols for determining primary and alternative patient transportation destinations (e.g., community-based alternate care sites).

Objective V:
Assess the ability to sustain, maximize, and augment EMS staffing during a surge event.

Objective VI:
Assess the ability to provide prophylaxis to EMS staff, in coordination with the local public health department.

Local Public Health Departments

Objective I:
Activate the incident command system (ICS) to manage the biological surge event and assist healthcare providers with the management of the healthcare surge.

Objective II:
Exercise the ability of the Public Health Laboratory to respond to a biological surge event, including specimen transport, agent identification, chain of custody procedures, and enhance surge capacity through the Laboratory Response Network (LRN).

Objective III:
Exercise the decision-making processes required for the community and healthcare providers to provide prophylaxis during the biological surge event.

Objective IV:
Assess the ability to provide prophylaxis for public health staff and essential personnel, as appropriate.

Objective V:
Activate policies and procedures to communicate with hospital laboratories about proper procedures for sample preparation and shipment to the Laboratory Response Network (LRN); and, LRN notification of the State Laboratory.

Objective VI:
Assess the decision-making processes and procedures for establishing community-based alternate care sites, including services and level of care to be provided. Identify the local government entity responsible for site setup and operation of the community-based alternate care sites. Activate the Standardized Emergency Management System to request resources.

Objective VII:
Assess the ability to coordinate and disseminate information in collaboration with the OA Joint Information Center and local emergency managers, healthcare providers, and other officials.

Local Public Health Departments

Objective VIII:
Demonstrate the ability to access and transmit information to regional and state medical and health authorities through CAHAN and to local healthcare providers through local communication systems.

Operational Area Emergency Operations Center, Medical & Health Branch

Objective I:
Assess the OA Medical and Health Branch's ability to collect timely, accurate, and appropriate information from healthcare providers.

Objective II:
Implement Emergency Operations Center (EOC), Medical and Health Branch procedures and mechanisms for managing a biological surge event, including the procurement, management, and allocation of scarce resources within the OA.

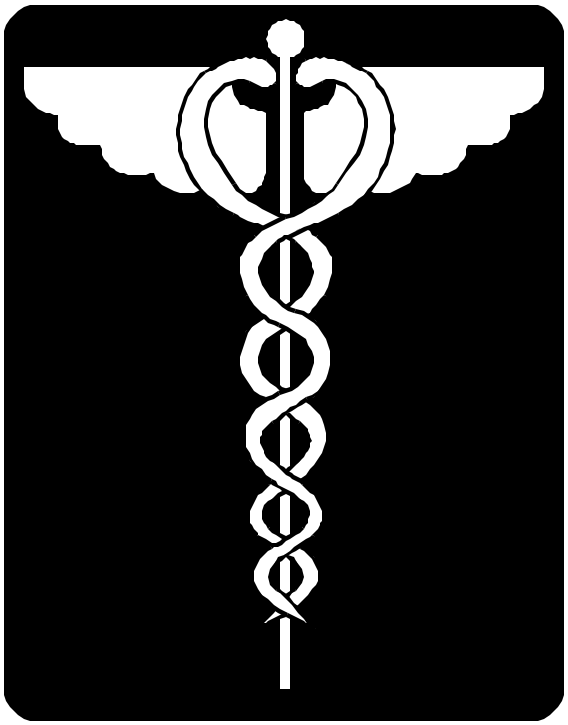
Objective III:
Assess the ability to provide prophylaxis for EOC staff, in coordination with local public health department.

Objective IV:
Demonstrate the ability to access, enter information into, and transmit Response Information Management System (RIMS) data to regional and state medical and health authorities.

Objective V:
Assess the ability to activate and manage the Joint Information System to coordinate and disseminate information in collaboration with local emergency managers, healthcare providers, and other officials.

Objective VI:
Assess the ability of the OA to continue to provide essential services with in the county.

Exercise Scenario



BACKGROUND FOR THE SCENARIO

NOTE: The Statewide Medical and Health Disaster Exercise begins on October 25, 2007 at 5:00 am. This information is provided as scenario background to "set the stage" for the events leading up to the day of the exercise.

October 2007

10-22-2007 Over the last week, the Department of Homeland Security (DHS) and the Federal Bureau of Investigation (FBI) have been investigating credible intelligence indicating international terrorist organizations are planning attacks against the public health system in the State of California. Suspicious activity in or around hospitals and medical clinics have been reported to DHS and FBI.

Reported incidents included a suspicious person asking questions about the facility layout and the radiology department. On two separate occasions, a person presented to hospitals claiming to be a surveyor for the Joint Commission. In one California hospital, an astute staff member noticed a man removing the evacuation maps, displaying floor plans, from the wall near elevators. Hospitals conducted staff education, and heightened awareness and security were initiated in the facility.

Local and Regional Terrorism Early Warning groups (TEWG) are on heightened alert. The Department of Homeland Security raises the Homeland Security Advisory System from "elevated" (Yellow) to "high" (Orange). The Governor's Office of Homeland Security notifies the California State Department of Public Health (CDPH), Emergency Preparedness Office and the Emergency Medical Services Authority (EMSA) about the threats.

There have also been isolated reports from the Transportation Security Administration (TSA) employees about airport uniforms being stolen out of lockers and from dry cleaners in the last two weeks. These incidents are under investigation by the TSA. This information HAS NOT been shared with the public or with the health care community.

10-23-07

Note: *The information in this box (10-23) is for the use of the Exercise Planner/Controller only. Do not share this information with participants.*

Terrorist cells, located in multiple locations across California have been planning an attack for over a year. The plan was to release a biological agent via aerosol at airports throughout California. The plan was executed on 10-23-07 which was an exceptionally warm October day in airport waiting areas.

The perpetrator(s) sprayed a cool mist on themselves and others in the terminal. Since it was a hot day, the action went unnoticed by most and was even appreciated as a cooling measure by some. A couple of the waiting passengers were upset by the misting, and brought the behavior to the attention of the airline personnel at the gate. Airline personnel asked the perpetrator(s) to stop using their misting devices as it was irritating the passengers. The perpetrators moved to another area within the terminal, remaining at the airport for several hours, exposing not only boarding passengers but deplaneing passengers, airport personnel and visitors as well. The perpetrator(s) discarded their canisters in the trashcans and left the airport undetected.

A janitor emptying the trashcans found the canisters and, thinking them unusual, reported the finding to his supervisor. The supervisor placed the canisters in a bag and placed them on a shelf, but did not mention the unusual event to the security department.

10-24-2007
2:00 pm

Due to credible intelligence sources and "chatter" about a potential attack on the public health system, the Department of Homeland Security (DHS) elevates the Homeland Security Advisory System (HSAS) from "high" (Orange) to "severe" (Red). The Governor's Office of Homeland Security (OHS), in collaboration with CDPH and EMSA, issues a public safety sensitive warning to California public health departments, hospitals, and healthcare providers stating there is a credible threat to the public health system. People in airports and other major US cities are mentioned as possible venues for attack over the next several days.

The alert (see page 37) is communicated through communication channels to hospitals and public health departments.

Pre-Event Discussion Points:

- How would your organization (hospital, clinic, EMS provider, or local public health department) be notified of security alerts and/or credible threats to healthcare infrastructure and whom would the information come from?
- What internal processes or procedures do you have to communicate sensitive information on a "need to know" basis? To whom would the information be communicated in your organization?
- When the Federal Homeland Security Threat Level is raised from Orange to Red, are there any activities that would be activated, including increased security measures? What internal and external notifications are activated?
- What other agencies or organizations would it be imperative to make contact with and discuss protection of your critical infrastructure?
- What other opportunities, issues, and challenges do you identify given this chain of events and in light of the elevation of the Homeland Security Threat Level to Red?

10-24-07
9:00 pm

A 60-year old male, James, a smoker for many years, but non-smoking for the last 10 years, with a history of coronary artery disease and emphysema, presents at the hospital Emergency Department (ED) at 9:00 pm complaining of a fever (103°F), shortness of breath, and malaise. James reports a cough since early this morning, and it is getting worse. He states he was feeling well yesterday after he flew home on Tuesday morning (10-23-07). A chest x-ray shows patchy bilateral infiltrates and consolidation. Hemoptysis develops. Lab studies, including blood and sputum cultures, are obtained and antibiotics are started. By midnight, James' condition deteriorates and he is intubated and placed on mechanical ventilation in the ICU.

10-25-07
Midnight to
4:00 am

Overnight, an unusual number of patients present to the hospital complaining of high fever, headache, muscle pains, chills, and malaise. The ED physicians and staff note the increased number of influenza-like-illnesses (ILI) and hope it is not the start of a severe annual influenza season. The patients with mild symptoms are discharged home with a diagnosis of influenza. They are provided symptomatic care instructions to rest, increase their fluid intake, and asked to follow up with their private physician in 48 hours if their condition has not improved, or to return to the emergency department if symptoms worsen. Several of these patients were visitors to the city and are staying at local hotels. Eight patients with more severe symptoms are admitted to the hospital for care. Two of the patients admitted with severe respiratory symptoms require intubation.

10-25-07
5:00 am

Eight pediatric patients (all 10 years of age) are brought in by their parents with complaints of severe influenza symptoms of cough, high fever, headache, and chills. Several of the parents accompanying the patients are also complaining of similar symptoms. During the interview, the ED staff determine all eight pediatric patients are part of a "pee wee" soccer team who attended a soccer camp last weekend and took the same plane home on Tuesday, 10-23-07. The ill parents accompanied the team to the camp and also flew home on Tuesday. The ED staff are concerned about this outbreak of cases, and are worried about a cluster of cases from the camp. Knowing there were also a high number of cases of ILI during the night, the ED staff, preparing to go off shift at 7:00 am, write a report for the oncoming shift reporting the cases to be communicated to the public health department when it opens.

The Exercise Begins
October 25, 2007 at 0500

10-25-07 5:00 am

The patients admitted during the night are deteriorating and several more have been intubated and require mechanical ventilation. The hospital has no more ventilators available in house (all are currently in patient use) and Central Supply is contacting vendors to supply additional units as soon as possible. The vendor(s) reports they cannot provide more than 1-2 additional ventilators immediately due to increased demand overnight from other hospitals they service. Several of these patients were visitors to the city and are staying at local hotels

The ED is reporting a large (_____) number of patients (of all ages and health condition) complaining of high fever and cough with foamy, bloody sputum, with no history of previous illness. Due to the high number of admissions, additional cases presenting to the ED, and lack of ventilator resources, the Nursing Supervisor alerts the Administrator on Call. It is decided to activate the incident command structure and the Hospital Command Center (HCC), formerly known as the Hospital Emergency Operations Center, and begin staffing key positions to address the surge of patients and the lack of critical resources.

Hospital key discussion points and actions;

- Who are the key people who can make the decision to activate the HCC?
- Once the decision is made to activate the HCC, what is the alert and notification process and what personnel are notified?
- What key positions in the HCC incident management team structure should be activated and why?
- What other agencies or organizations would you consider notifying of the HCC activation? Who makes those notifications?

10-25-07 6:00 am

The hospitals within the community and OA are all reporting high census in the emergency departments and an increased number of inpatient admits with severe influenza-like respiratory symptoms. EMS reports an increased volume of 911 calls and transports to the ED with the same symptoms. There is an increase in ambulance diversion at the hospitals over the last 24 hours.

10-25-07 7:00 am

The night shift for the hospitals and EMS providers are preparing for shift change and giving report to the oncoming shift. The HCC and EMS shift supervisors are requesting staff to remain on duty to assist with the increased census/call volume and are actively calling in additional staff to meet the surge. The ED is holding __ (insert number) patients waiting to be admitted.

The HCC is fully activated and personnel have arrived to staff key positions.

The hospital contacts the Local Public Health Department to report a large number of influenza-like cases presenting to the hospitals.

7:00 am **Hospital key discussion points and actions:**

- Who determines activation of the high census plan or procedures to free up or add patient beds to accommodate a large number of critical admissions?
- What strategies can be implemented to enhance emergency department capacity?
- With the supply of ventilators severely limited, what strategies can be implemented to procure additional ventilators?
- How will the assessment of priority for current and future use of ventilators be managed in the hospital? Who will make the prioritization and use decisions?
- Will the hospital alter the process of regularly scheduled appointments or non-emergency admissions at this time? How will information be communicated to patients that may be affected by any changes?
- What epidemiology/infection control issues have been (or should have been) identified and should be reported to the local public health department?
- What are the processes and mechanisms to notify the local public health department of the outbreak?
- What potential challenges/issues may the hospital face in the next four hours and what actions can be taken to mitigate or correct the issues?
- Within the hospital incident management team, are there medical or technical specialists who could assist in decision-making?

EMS is receiving a high volume of 911 calls. The local Emergency Medical Services Agency (LEMSA) has been notified of the increase in hospital diversions and the increased volume of EMS calls.

EMS key discussion points and actions:

- What are the triggers/criteria/considerations for enhancing staffing to put more ambulances in service to meet the 911 call volume demands?
- With an increased number of 911 patients with severe cough and ILI, what increased personal protective/infection control measures should be recommended to EMS crews?
- What potential challenges/issues may the EMS personnel face in the next four hours and what actions can be taken to mitigate or correct the issues?
- Are there policies/procedures in place to relax transport guidelines and response times? What triggers this policy?

10-25-07
8:00 am The local public health department has been notified by hospitals in the area of the high numbers of cases with ILI including severe respiratory symptoms and fever. The severity of the symptoms in the majority of the cases is particularly concerning. Several of the patients have reported recent air travel. Public health initiates surveillance and case investigation

The local public health department requests that hospitals report patient census and bed counts by 9:00 am, using OA status report forms.

10-25-07
8:00 am **Public health key discussion points and actions:**

- What epidemiological information or testing is needed from healthcare providers?
- How will the appropriate laboratory testing requirements be communicated to the hospitals?
- How will the specimens be transported from the facilities to the public health laboratory in accordance with applicable laws and regulations? How is chain of custody maintained in a large scale event?
- How will public health staff be dispatched to hospitals to conduct investigations? How many investigators are available for this and how long will it take to dispatch them?
- How will information about the outbreak be disseminated to healthcare providers, including non-hospital-based providers?
- What is the process for requesting hospitals to report bed counts and patient census, and what forms or mechanism are used to report this information?

Upon interviewing several of the patients at the hospital, the public health investigator determines all had been on an airplane on Tuesday, 10-23-07, or had been in close contact with someone who had flown on that date. In addition, the flights had originated from two particular airports.

Knowing of the security alert issued by DHS and OHS, the local public health department notifies the CDPH, OA OES, and local law enforcement of the events and the initial investigation results.

Healthcare providers are notified by the local public health department of the outbreak and possible bioterrorism event. The local public health department requests presenting-patients with symptoms be screened for recent air travel, and all suspect cases to be reported immediately to the local public health department. The public health department issues a public health alert recommending respiratory etiquette/precautions.

The hospital has established facility perimeter security to control traffic because a large number of people are arriving in vehicles. Parking lots are full and people begin to park in places which obstruct the ED and hospital entrances.

8:00 am **Hospital key discussion points and actions:**

- What additional security measures can be implemented to enhance hospital security?
- Should the hospital consider screening of all persons entering the hospital? If initiated, how will this be communicated to EMS and ambulance providers?
- What PPE should be considered for security staff and staff assigned to monitor entrances (e.g., lobby)? How do you ensure assigned staff have appropriate PPE training?
- What is the procedure for reporting suspect cases to the local public health department?
- How do you prioritize and triage patient care during a patient surge event, and continue to maintain community care and regular appointments, while accommodating the infectious patients?
- What is the appropriate process to ascertain current bed counts and patient census to report to the local public health department? What are the appropriate forms that should be used and how is the information communicated?

10-25-07 9:00 am Community clinics have opened and are quickly overwhelmed with the large number of patients presenting to the clinic with ILI, or calling for appointments to be seen. Patients are reporting severe illness with high fever and cough. The number of patients presenting with ILI and arriving without appointments are overwhelming operations. Regular clinic patients with scheduled appointments (e.g., diabetic care, hypertension follow up) are arriving at the clinic and are angry because they cannot be seen.

Community clinic key discussion points and actions:

- How do you prioritize and triage patient care during a patient surge event, maintaining community care and regular appointments, while accommodating the infectious patients?
- What is the trigger to cancel or reschedule routine clinic appointments to accommodate the surge of ILI patients?
- How will the rescheduling of routine appointments impact these patients and their continuity of care?
- What infection control measures for staff and patients should be implemented?
- Does your plan include isolating patients with ILI from the general clinic population to decrease exposure?

10-25-07 9:30 am Local media hear about the increased number of ill patients and the possibility of a bioterrorism event and quickly arrive at the hospitals, local public health departments, and community clinics. They have been monitoring emergency scanners and hear the number of EMS calls increasing. The media broadcasts information, however limited and unconfirmed, about bioterrorism and expected respiratory symptoms, and state the "only cure is for antibiotics to be taken as soon as possible." Public anxiety increases dramatically after hearing the broadcasts and people begin presenting at hospitals, clinics, pharmacies, and doctors offices demanding antibiotics.

Many healthcare providers are calling their employer to express anxiety about coming to work and being exposed to the disease and subsequently exposing their families.

Local law enforcement and FBI have been investigating a possible connection between the victims and the airports. They have arrived at the airport and are interviewing security staff. The airport security supervisor remembers the janitor finding the canisters and supplies them to law enforcement. Airport security tapes are reviewed which show the perpetrators "misting" the passengers in the terminals. Samples from the canisters are sent to the State laboratory for immediate testing and analysis.

Key discussion points and actions for all participants:

- How will you respond to the concerns and information needs of the on and off-duty staff, patients, and visitors who are monitoring the news broadcasts?
- How will essential services be determined and provided in light or increased patient numbers and decreased staffing?
- Has your Public Information Officer (PIO)/public affairs department been activated?
- The PIO must prepare a press release in collaboration with the JIC, local public health department, and local emergency management. What is your facility policy for the release of information and media briefings?

Local, state, and federal law enforcement are arriving at the healthcare facilities and local health department. They are requesting to immediately interview staff, patients, and families and to take possession of any evidence, including medical records.

Key discussion points and actions for all participants:

- What issues does law enforcement interviewing patients and staff pose to the healthcare facility, staff, patients, local public health, and others?
- What policies and procedures are in place to guide and direct staff when dealing with law enforcement requests?
- What facility policies guide evidence collection in a terrorism event and law enforcement confiscation of patient belongings, valuables, and other items for evidence?
- How will law enforcement personnel interviewing patients be oriented to and provided with personal protective equipment? Are there additional precautions that should be taken or required (e.g., limiting or denying contact with infected patients)?
- Who will control and coordinate the release of information, access to the patients, and release of medical records?

9:30 am **Hospital/Clinic key discussion points and actions:**

- ❑ How will the hospital/clinic deal with staff absenteeism issues? Are there procedures or plans in place to address the issues?
- ❑ How will the hospital/clinic deal with staff that insist on leaving work to avoid exposure?
- ❑ How does the hospital and/or clinic assess, triage, and determine the allocation of scarce resources including acute care beds, ventilators, and equipment? How are on-duty staff notified of these changes?
- ❑ Local law enforcement will be arriving to the facility to interview patients and others. What patient information and medical records can be released to FBI/law enforcement, in accordance with patient privacy and statutes?

10-25-07 9:45 am **All participants conduct a media briefing/press conference. Key discussion points and actions for all participants:**

Key discussion points and actions for all participants:

- ❑ Who will be the spokesperson(s) for the hospital?
- ❑ How will pre-briefing planning be coordinated with health care and emergency management partners?
- ❑ Where will the media briefing be conducted?
- ❑ Who will attend the media briefing in addition to the spokespersons?
- ❑ What information will be provided to the media?
- ❑ How will the agency conducting the media briefing ensure the information is consistent with other response partners?

10-25-07 10:00 am In the hospital, James, the 60 year old smoker, the index patient, who presented to the hospital on 10-24-07, arrests. Efforts to revive him are unsuccessful and he is pronounced dead at 10:15 am. His family is distraught and talks to the media immediately upon leaving the facility.

Hospitals and clinics are overwhelmed as the large numbers of patients who continue to present for evaluation and care. Many of the patients presenting are entire families, including children. Local public health departments are overwhelmed with calls from the public reporting illness and demanding the government protect them and give them antibiotics.

The decision is made within the hospital/clinic to designate an isolation "wing" or area within the facility to cohort the possibly infectious patients.

Hospital key discussion points and actions:

- ☐ In consultation with the engineering department, infection control, and the Incident Commander/Operations Section Chief and/or Director or VP of Nursing, where should the designated isolation area be established?
  - o Patient care area
  - o Conversion of a non-acute patient care area
  - o Isolating patients in alternate care site outside of the hospital facility
- ☐ How can the Heating, Ventilation and Air Conditioning (HVAC) be controlled in the designated area to ensure respiratory isolation?

10:00 am **Hospital key discussion points and actions:**

- What special considerations should be taken for the designated isolation area?
  - Security
  - Staff assignment and protection
  - Traffic flow and restriction of personnel, families and friends
  - Morgue
  - Supplies and equipment, including PPE
  - Medical gases
  - Nutritional Services
  - Suctioning
  - Air exchanges
  - Biohazardous waste
- What additional resources or supplies (e.g., diapers, formula, cribs, and pediatric-sized respiratory equipment) does the facility have to care for children?
- How will you provide competent pediatric staff to care for the children presenting and admitted to the facility?
- Does the facility have a plan to deal with children that are not sick or do not need to be admitted, but arrive with a parent that does need to be admitted?

Across the OA, patients present with ILI. The hospitalized patients have developed severe pneumonias, shortness of breath, hemoptysis, and many require intubation. Hospitals are reporting high census and limited bed availability, especially critical care beds. Large numbers of patients are requiring intubation and mechanical ventilation with reports of multiple deaths due to severe respiratory compromise, despite treatment. Respiratory therapy is overwhelmed with requests for respiratory treatments for inpatients and outpatients in the ED.

Clinics and physicians offices are referring acutely ill patients to the emergency departments for evaluation and/or direct admissions. Large numbers of patients are also being referred to x-ray and laboratory services.

Security at the hospitals, clinics, and public health departments has become a critical issue. Large numbers of ill and asymptomatic people are presenting at the facilities demanding care and antibiotics.

Hospital/Clinic key discussion points and actions:

- Security of the facility staff, current patients, and the facility is important. What security measures should be taken to protect the assets? Limited access? Lockdown?
- How will you orchestrate the security measures which will be implemented, and what processes will you use?
- How will you communicate the security precautions and measures to the arriving public?
- The public believes the hospital/clinic has medications to treat the disease. How will you ensure the safety and security of the stockpiled equipment, supplies, and pharmaceuticals?
- How will you coordinate with clinics and private physicians to control or reduce transfers to your hospital?

10:00 am **Hospital/Clinic key discussion points and actions:**

- ❑ The hospital/clinic is receiving a large volume of calls for information and services. Is your organization able to receive and process the calls?

Local public health key discussion points and actions:

- ❑ Until the infectious agent is positively identified, what actions, if any, can be taken by local public health to allay public anxiety and demonstrate government action?
- ❑ Given the possibility of a biological terrorism event, should the public health department begin to make provision for the implementation of mass prophylaxis?
- ❑ The public health department is receiving a large volume of calls for information and services. Is your department(s) able to receive and process the calls?
- ❑ The public knows the local health department has medications to treat the disease. How will you ensure the safety and security of the stockpiled equipment, supplies, and pharmaceuticals?
- ❑ What community mitigation measures might you consider prior to the identification of the infectious agent?

EMS has been transporting potentially infectious patients to the hospitals from homes and clinics across the community.

EMS key discussion points and actions:

- ❑ What procedures currently exist or must be implemented to decontaminate the ambulances between transports?
- ☐ What measures have been taken to protect the staff during patient assessment and transport?
- ☐ Are alternate care sites available for EMS/ambulances to transport non-acute patients to instead of the acute care facility? How would you be notified that alternate care sites have opened?
- ☐ What permissions or changes in protocols would be necessary for ambulances to transport appropriate patients to alternate care sites or clinics instead of the acute care hospital? Who would sanction alternate destinations and provide guidelines to you (e.g., local EMS agency, local health department/officer)?
- ☐ Has mass prophylaxis for the staff been arranged, and how is this information provided to the staff?
- ☐ What measures have been taken to increase staffing and the numbers of available ambulance units in service to accommodate the surge of patients?

10-25-07
11:30 am The State CDPH laboratory notifies the local health officer and law enforcement regarding the agent found in the canisters sent for analysis was *Yersinia pestis*. The local public health epidemiological investigation and contact tracing confirms the patients identified were passengers on planes leaving from or arriving to the airports, or were in close contact with a person who did travel by plane. A local public health emergency is declared by the local health officer. Multiple counties across the State of California are also reporting an outbreak of ILI with similar histories. The local public health officer notifies the OA Executive Management and OA OES of the outbreak and the intent to proclaim a Public Health

Emergency. Hospitals, clinics, EMS providers, other healthcare agencies and community partners are notified by local public health or designated agency.

The local health officer proclaims a Public Health Emergency for the Operational Area and notifies State OES, CDPH, and public health officers of adjacent jurisdictions. CDPH notifies the sentinel providers (see glossary for definition) of the outbreak and recommends heightened surveillance. State OES Warning Center activates the alert system, notifying key state and local government agencies.

Local public health and CDPH publicly announces the case definition for *Yersinia pestis* presenting as pneumonic plague. The case definition and treatment recommendations are:

History

- People who have recently been in or traveled through [name of local or nearby] airport on 10-23-07
- Employees of [name of local or nearby] airport on duty on 10-22 through 10-24-07

Symptoms

- Fever (>101.5F) and chills
- Headache
- Rapid, difficult breathing and cough
- Rapidly progressing pneumonia
- Hemoptysis (bright red or foamy red)
- Rapid shock
- Sudden death
- Chest x-ray findings consistent with pneumonia (bilateral lobar infiltrates)

Diagnostic Testing

- Blood cultures for plague bacteria
- Microscopic examination of lymph gland, blood, and/or sputum (using Gram and other special stains)
- Fluorescent Antibody or ELISA antigen testing of sputum specimens
- Serological confirmation of *Yersinia pestis*

Treatment for active cases

- Antibiotic treatment should begin as soon as possible after laboratory specimens are obtained
- Streptomycin is the antibiotic of choice
- Gentamycin is used when streptomycin is not available
- Tetracyclines and chloramphenicol are also effective

Isolation Precautions

- Patients should be isolated for droplet precautions. Airborne isolation precautions are not necessary
- Reinforce respiratory hygiene/cough etiquette, based on CDC guidelines

Prophylaxis treatment

- Seven day course of doxcycline, Cipro or trimethoprim-sulfaethoxazole, chloramphenicol (supported by several references but all may not be FDA approved)
- A vaccine for plague is no longer available in the United States

The local public health departments and the Medical and Health Operational Area Coordinator (MHOAC) are receiving requests for medication from hospitals and clinics whose supplies are limited and are currently being used to treat inpatients with symptoms. Local Hospital Preparedness Program medication caches for hospital and first responder staff have been distributed. Those counties with local public health medication stockpiles for mass prophylaxis are anticipating that the medications will be exhausted by the 27th of October 2007 at 12 noon. The local EOC, OA emergency management, and local senior officials are requesting antibiotics through the local public health department.

Local public health medication stockpiles for mass prophylaxis are anticipated to be exhausted by October 27, 2007at 12 noon.

Community and hospital-based alternate care sites must be established to provide additional medical care access to the public. Local public health is currently considering recommendations for non-medical containment measures (e.g., school dismissals, canceling social events) and social distancing.

Weather conditions across the State per the National Weather Service and local meteorologists: *"Unseasonably warm weather, highs expected in the mid 90's, partially cloudy with light winds through October 28, 2007. Lows at night will be 65 with light winds."*

Hospital key discussion points and actions:

- ❑ What are your facility's current inventory/stockpile of medications to treat the primary and secondary infections?
- ❑ What is the current stockpile/availability of medications in liquid form or in pediatric dosages to administer to pediatric patients?
- ❑ *Yersinia pestis* has been confirmed as the infectious agent. What appropriate isolation precautions should be implemented?
- ❑ How will you prioritize and allocate the use of the medications?
    - o For current patients (symptomatic)?
    - o For exposed but asymptomatic staff?
    - o As prophylaxis for staff at high risk for exposure (e.g., caring for infected patients, ED staff)?
    - o For staff members families?
    - o External community responders (e.g., law enforcement, EMS, Fire)

10-25-07
11:30 am **Hospital key discussion points and actions:**

- Does you hospital emergency operations plan address the implementation of altered standards of care during a surge event?
  - How and by whom will the decision be made to implement altered standards of care?
  - What criteria would be utilized for altering standards of care?
  - How will you triage and prioritize the use of existing ventilators?
  - How will implementation of altered standards of care be tracked and evaluated?
- You must now establish hospital-based alternate care sites/alternate patient care locations to accommodate the surge of patients.
  - What logistical and staffing issues does this present to the facility?
  - How will patients be triaged and moved to the alternate care site?
  - Weather conditions must be taken into account in the establishment of alternate care sites. How will this impact the plans?
  - What is your procedure for notifying local CDPH Licensing and Certification offices about the plans to establish alternate care sites?
  - Are there other waivers that might be needed and requested from CDPH Licensing and Certification? (e.g., waiver of nurse/staffing ratios)
- What additional space and resources can be procured from outside of your facility to provide patient care and accommodate the surge? Are there any memorandums of understanding (MOUs) that could be activated?
- What are the procedures to communicate resource needs when you facility has or will soon exhaust current supplies?
- How will you track patients throughout the hospital, including the hospital-based alternate care sites and to other patient care destinations, in accordance with applicable law and regulations?
- What communication and status reports are you maintaining with vendors of equipment, supplies, and outside services (e.g., linen, food)?
- Would the hospital consider providing prophylaxis to vendors and suppliers to ensure business continuity?
- What communication and status reports are you providing to the OA medical and health point of contact?
- How will the following local public health decisions and actions impact healthcare provider staffing and what mitigation efforts can be undertaken?
  - School dismissals, in conjunction with the local Department of Education?
  - Social distancing, including cancellation of public events and public gathering sites?
  - Closure of child and adult day care centers?
- What is your system for tracking potential employee exposures?
- The hospital may be contacted by local law enforcement for names of patients presenting with symptoms or history of exposure. What is the hospital policy and procedure(s) on releasing patient information to law enforcement?

10-25-07
11:30 am **Clinic key discussion points and actions:**

- Your clinic's current in-house supply of treatment/prophylaxis medications is severely limited, if available at all. How will you provide prophylaxis to staff?
- Patients seen in the clinics are given prescriptions for the medications to treat minor symptoms or as prophylaxis for exposures. The patients are returning to the clinics very angry because local pharmacies have run out of the medications and they cannot fill their prescriptions. What strategies will address these issues?
- *Yersinia pestis* has been confirmed as the infectious agent. What appropriate isolation precautions should be implemented?
- What additional space and resources can be procured from outside of your facility to provide patient care and accommodate the surge? Are there any MOUs that could be activated to assist?
- What communication and status reports are you maintaining with vendors of equipment, supplies and outside services (e.g., linen)?
- Would the clinic consider providing prophylaxis to vendors and suppliers to ensure business continuity?
- What communication and status reports are you providing to OA medical and health point of contact?
- What is your system for tracking potential employee exposures?

Local public health key discussion points and actions:

- With the confirmation of *Yersinia pestis*, mass prophylaxis should be considered.
    - What are the decision making processes for activating mass prophylaxis plans and establishing Points of Dispensing (POD) in the community/county?
    - What staffing and logistical concerns does the activation of PODs present to the local or State health departments?
    - Weather conditions must be taken into account in the establishment of alternate care sites and/or PODS. How will this impact the plans?
- What is the process for requesting treatment/prophylaxis medications and critical patient care supplies and equipment from regional, state, and/or Federal resources?
- What are the triggers to activate standing orders and protocols, if they exist, for the implementation of mass prophylaxis? If they do not exist, what are the decision-making processes to implement mass prophylaxis?
- What recommendations will be provide to healthcare providers about the prioritization and allocation of prophylaxis medications?
    - For current patients (symptomatic)?
    - For exposed but asymptomatic staff?
    - As prophylaxis for staff at high risk for exposure (e.g., caring for infected patients, ED staff)?
    - For staff members families?
    - External community responders (e.g., law enforcement, EMS, Fire)
- How will the information about PODs be communicated to healthcare providers for patient referral and to the public?
- Once a local public health emergency is declared by the health officer, how is this information disseminated to healthcare providers, government agencies, surrounding OAs, the Region, the State, and the public?

10-25-07
11:30 am **Local public health key discussion points and actions:**

- ❑ What is your system for tracking potential employee exposures?
- ❑ What Risk Communications messages do you have already prepared?

10-25-07 **The Governor of the State of California declares a State of Emergency.**
12:00 pm **The l**ocal public health department issues a public health alert, and advisories recommending the following groups of people present to the mass prophylaxis clinics:

- Those who flew on a plane on October 22 or 23, 2007 from [name of local or nearby] airport and do not have any fever, cough or illness. Public members are asked to bring documentation of the flight to the mass prophylaxis clinic, if available.
- People who have recently been in or traveled through [name of local or nearby] airport on 10-23-07
- Employees of [name of local or nearby] airport on duty on 10-22 through 10-24-07

Local public health is also urging other persons without symptoms or suspected contact to remain at home and seek medical care only if they develop symptoms such as high fever, cough, or bloody sputum.

Hospitals are reporting high census and lack of resources, including personnel, beds, medications, and durable medical equipment. Ventilators have reached a critical level and assistance is needed immediately in order to save lives. Requests for resources have been submitted to the local public health department, the MHOAC, and to the OA EOC.

All departments in the hospital have been impacted by the high census, lack of resources, and the outbreak of an infectious disease.

- Many of the hospital staff continue to call in sick for their shifts, complicating the personnel staffing situation.
- The hospital laboratory staff are asking what to do with the overwhelming number of sputum and blood specimens they are receiving for processing. The lab manager reports this situation is critical and it must be addressed immediately.
- High census plans are activated in the hospitals and all appropriate patients who can be discharged or transferred to alternate care facilities are being processed.
- Negative pressure isolation rooms' capacities are inadequate to meet the patient load.
- Droplet precautions are instituted in the facility.
- There have been 25 deaths in the hospital reported as of this time. The coroner has been notified, but is unable to respond for several hours, if not days.

10-25-07
12:00 pm **Hospital key discussion points and actions:**

- What can be done to immediately address the concerns of staff?
- How can personnel be augmented?
- How will personal protective equipment be allocated among staff, physicians, and volunteers?
- What other resources are available to your hospital lab to assist with specimen processing?
- How will you expand isolation capacity within the facility to accommodate the large numbers of infected or potentially infected patients?
- Your morgue capacity is limited, and there have been 25 deaths. What provisions for storage, security, and evidence preservation of the bodies must be implemented?
- What type of mask is required for staff caring for infectious patients? Is the N-95 Respirator required or can the staff be protected with standard masks? Who could provide this information to you in your community or from within hospital resources?
- What provisions do you have for "just in time" fit testing and training for personal protective equipment (PPE)?
- Has a triage area and processes been established to immediately identify and isolate patients presenting with suspicious symptoms from the general population?
- Has triage, support, and education been established for asymptomatic/unexposed persons presenting to the ED, clinics, medical offices and calling 911?

Clinics are overwhelmed with the surge of patients and have severely limited or lack equipment and supplies. Staff and physicians are exhausted from the patient volumes and level of anxiety/anger of the public presenting to the clinics. One patient has died in the clinic, and the coroner states they will not be able to respond for days. The deceased patient's family is very upset and wants to stay with their loved one until the body is removed by the coroner.

Clinic key discussion points and actions:

- What actions should be considered by the clinic in light of the overwhelming patient volumes, patient needs, lack of resources, and exhausted staff?
- What are your options and processes to acquire additional equipment, supplies, and pharmaceuticals?
- How will you respond to the concerns and information needs of the staff, patients, and visitors who are monitoring the news broadcasts? What messages should be developed to address their needs?
- How can you augment personnel and staffing of the clinic?
- How will you manage the deceased? Storage, security, and evidence preservation?

10-25-07
12:00 pm **Local public health key discussion points and actions:**

- Additional community-based alternate care sites are needed to meet the community surge of patients and decompress the load on the acute care facilities in order to maintain critical resources for the acutely ill. Should community alternate care sites be established to meet the surge?
    - Who makes the decision to open community-based alternate care sites and what other internal or externals agencies should be involved in the decision?
    - What staffing and logistical challenges does the opening of alternate care sites present to the local public health department?
    - How will you communicate the decision to open or not open community-based alternate care site(s)?
    - If the alternate care sites are opened, what local government entity can provide large quantities of supplies and equipment?
    - If supplies, equipment, and staffing resources are not available locally, how will you obtain these resources from other entities? Who is responsible for contacting other agencies to obtain the resources?
    - What community resources are available to support operation of the alternate care site(s)?
- What other resources are available to your Laboratory Response Network (LRN) and your public health lab to assist with specimen processing and reporting?
- How is information shared and coordinated within the OA, region and state entities?
- How will the local public health department manage the asymptomatic/unexposed or "worried well"?

EMS providers continue to report a high volume of 911 calls and are unable to meet the demand of calls with available staff and vehicles. The majority of calls continue to be complaints of respiratory distress and influenza-like symptoms.

EMS key discussion points and actions:

- What infection control precautions have been taken for EMS/ambulance personnel?
- Who has the authority to establish altered triage and dispatch priorities to ensure ambulances are dispatched appropriately?
- What other EMS/ambulance resources (e.g., additional rigs and staff) are available to you?
- What is the decision-making process to convert an ALS staffed rig into a BLS staffed rig in order to increase the number of ambulances available?
- What medications and supplies are severely limited? What is the process of re-supplying critical equipment and supplies if hospitals and vendors cannot provide resources through normal supply chains?
- What are the decision-making processes to determine altered standards of care for EMS patients?

10-25-07
12:30 pm

Media from across the state and nation are reporting the biological terrorism event. There are reports from neighboring county health departments of similar cases being reported in their emergency departments and clinics, and strict isolation of the patients is being instituted. National news services and media are now arriving at hospitals, clinics, local health departments, and governmental agencies demanding information.

With the media reports, a large number of convergent volunteers present at hospitals and clinics wanting to help.

Law enforcement continues to investigate and interview patients, families and staff.

Businesses across the local area report high absenteeism because people are ill, are caring for ill family members or are afraid to leave their homes. Community alerts are being broadcast on radio and television to provide accurate information to the public.

10-25-07
12:30 pm

The OA is reporting the following statistics:
(Note: Please customize the OA statistics to simulate mass casualty event and capacity overload. Hospitals may also simulate the statistics to meet individual needs for exercise play.)

Statistics for the OA:

Number of patients admitted with possible pneumonic plague: _____

Number of patients treated and triaged to home with symptomatic care, including mild symptoms, the asymptomatic/unexposed (e.g., worried well) and pre-symptomatic patients: _____

Number of patients waiting to be seen: _____

Estimated number of persons requiring mass prophylaxis: _____

Number of deceased: _____

The hospital and clinic emergency plan is activated and the HCC/Clinic EOC open. The OA EOC has been activated and the medical and health branch, including the MHOAC continues to call for status reports, bed availability and critical issues.

Healthcare resources within the community and operational area have been severely taxed and hospitals and clinics are at maximum capacity. Physicians in the emergency department, clinics, and medical offices, as well as EMS providers, are requesting information and treatment recommendations for the presenting symptoms of the patients that continue to flow into the system. Information and recommendations being requested include:

- An updated case definition, if different from earlier definition
- Recommended isolation for patients presenting with suspected or probable symptoms

- Personal protective precautions for healthcare staff and first responders, and how to protect staff with limited resources
- Updated recommended treatment plan
- Locations and scope of PODs and appropriate referral of patients seen by clinics, hospitals, and EMS providers
- Location and scope of community alternate care sites, if established, and appropriate triage and referral of patients presenting to clinics, hospitals, and EMS providers

10-25-07
12:30 pm **Local health department key discussion points and actions:**

- ❑ How will you develop risk communication messages to address the information and recommendation needs of healthcare providers?
- ❑ How rapidly (and realistically) can these messages be developed, approved, and disseminated?
- ❑ How will you collaborate with the Joint Information Center to ensure consistent messages?
- ❑ How will you disseminate the risk communication message and recommendations?
    - o To healthcare providers?
        - ▪ Hospitals
        - ▪ Clinics
        - ▪ EMS
        - ▪ MD offices
        - ▪ Long term care facilities
        - ▪ Others
    - o To the public?
    - o To the media?
    - o To government officials and other responders?

Hospital, EMS, and Clinic Key discussion points and actions:

- ☐ How do you identify patients seen in previous days before the biological agent was identified?
- ☐ How do you identify, monitor, and provide follow up to exposed staff?
- ☐ Who within your community/OA can provide your organization with the information and recommendations requested above?
- ☐ Does your facility/service have a plan and procedures to manage and utilize convergent volunteers who present to assist?

10-25-07 **Healthcare Provider Status Update**
1:30 pm

The critical care unit(s) in the hospital are at capacity and there are no additional Intensive Care Unit (ICU) beds. The emergency department (ED) is holding number _____ (insert appropriate number of ED patients to increase strain on resources) of patients awaiting inpatient beds, including ICU, telemetry, medical surgical, and negative pressure isolation rooms.

The influx of patients presenting to the ED continues in a steady stream, overwhelming resources, including staff (all levels of healthcare providers). There is a lack of ED space, patient care equipment (gurneys, oximeters, ventilators,

oxygen sources), supplies (medications, patient care supplies), and personal protective equipment (N-95 respirators).

EMS is reporting an increased volume of 911 calls with the chief complaint of shortness of breath, cough, and fever requiring transportation to the hospital. The hospitals have been on and off diversion status; however, now all hospitals are reporting "closed status", therefore all hospitals are required to be open to ambulance traffic. With the volume of 911 calls requiring ambulance transport and high ED and inpatient censuses, EMS providers are greatly delayed in delivering the patient and transferring the care of the patient to the hospital staff upon arrival, resulting in decreased availability of EMS responders for new 911 calls.

Clinics are reporting large numbers of patients presenting with complaints of respiratory symptoms and do not have the resources to triage the patients. Patients with severe symptoms must be held in the clinic for long periods of time due to high patient census in the EDs and lack of EMS transporters.

Local public health has declared a public health emergency and is activating mass prophylaxis/POD plans and will establish mass prophylaxis clinics to treat the public. Estimated time for opening the PODs is 7:00 pm tonight. Local public health releases or alerts to the media will be made available in order to inform and educate the public about the disease symptoms, prevention, when to seek medical care, and the availability and location of mass prophylaxis clinics.

10-25-07
1:30 pm

All hospitals, clinics, EMS providers, and local public health departments begin planning for a shift change at 3:00 pm. The upcoming operational period will be from 3:30 pm until 11:00 pm. **Incident Action Planning** meetings are scheduled for 2:00 pm.

Key discussion points and actions for all participants:

- What is the current situation status of the facility/service?
- What are the critical issues and resources?
- What are the operational objectives for the operational period of 3:30 pm until 11:00 pm?
- What staffing is needed?
- How are limited resources being allocated and prioritized? Who makes these decisions and how are they conveyed to the staff and community?
- How will the facility be staffed?
- How will the HCC/EOC/Department Operations Center be staffed? Can any positions be demobilized?
- What community "volunteer" resources can be utilized by your facility to assist with the surge of patients which are expected to continue for an extended period of time?
- How will you address the behavioral health/psychosocial needs of the staff, volunteers, physicians, patients, and their families?
- How will your facility or service ensure business continuity, maintenance of those essential or critical services, and continue to provide community care services?
- How will your facility deal with the substantial increase in sanitation needs, demand for food/drink, and patient holding areas due to the patient surge?

Each facility and service develops a written **Incident Action Plan (IAP)** for the next operational period and disseminates it within the facility/service, to the MHOAC, and to the local public health department.

Key discussion points and actions for all participants:

- ❑ What other organizations or responders could/should also receive the IAP to facilitate communication and response among partners?
- ❑ How will you communicate the IAP to the appropriate agencies?
- ❑ From which agencies would it be helpful to receive their IAPs?

10-25-07 3:00 pm

ALL EXERCISE PARTICIPANTS EXECUTE A TRANSFER OF COMMAND/SHIFT CHANGE

- ❑ Conduct an incident briefing and report of current situation status
- ❑ Announce a formal transfer of command
- ❑ Report the IAP for the next operational period. (The IAP forms under ICS and HICS include forms 201, 202, 203, 204 and 261)
- ❑ Replace off going personnel with oncoming personnel (or simulate a change of positions in the command centers)

10-25-07 4:00 pm

Local public health has established mass prophylaxis clinics in the following locations:

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

Public health alerts are broadcasted on all media, including television, radio, and neighborhood meetings to inform the public and decrease anxiety. The local and national media are "camped out" at hospitals and the health department waiting for updates and becoming restless. The media has obtained information that the Centers for Disease Control and Prevention (CDC) are en-route and they broadcast that the incident is bioterrorism.

A press conference is scheduled for 4:30 p.m. with the public health officer, appropriate hospital and clinic representatives, and local government officials.

10-25-07
4:00 pm

Key discussion points and actions for all participants:

- ❑ What community or governmental agencies should participate in the press conferences (e.g., public health department, healthcare facility officials, local government, and physicians)?
- ❑ Who is the most appropriate person(s) to represent the healthcare facility at the press conference(s) and who makes this decision?
- ❑ How often should the press conferences be scheduled?
- ❑ Where should the press conferences be convened within the community?
- ❑ Who is the lead agency for the press conferences?
- ❑ What steps have been taken to ensure a consistent message among the healthcare community and all levels of government agencies/officials? Who makes the final decision about information to be conveyed when there is conflict among the responding agencies?

10-25-07
4:30 pm

The hospitals, clinics, and EMS providers are experiencing a shortage of equipment, supplies, and facilities to care for patients. The shortages will be critical within 12 hours, including the following essential items:

- N-95 Masks and other respiratory protective equipment
- Ventilators
- Oxygen tents to accommodate pediatric patients
- Antibiotics
- Isolation facilities
- Morgue facilities
- Beds, gurneys, cots
- Healthcare providers and staff support personnel
- Pediatric equipment (e.g., masks, ET tubes, oxygen tents)

Hospitals, clinics, EMS, and the local public health department construct contingency plans to address the upcoming critical shortages. Vendors are contacted to provide the additional supplies and equipment, but the vendors state they will not deliver to the facility due to possible exposure of the delivery personnel.

Many patient deaths have been reported at the hospitals and the hospital morgue resources have exceeded capacity. The deaths are considered medical examiner's (coroner's) cases and potential evidence in a biological terrorism incident.

Key discussion points and actions for all participants:

- ❑ Activate current processes and procedures to procure essential resources needed currently and for the next 24 hours.
- ❑ If no processes or procedures exist, what possible actions and plans can be taken to procure the resources?
- ❑ Can vendors be protected from exposure or provided prophylaxis to ensure delivery of needed resources?

10-25-07
4:30 pm **Key discussion points and actions for all participants:**

- What resources and mechanisms are available to procure the needed supplies and equipment and who or what agency is contacted to provide those resources?
  - Intra-hospital resources
  - Inter-hospital resources
  - Community resources, including city and county
  - County resources, including the MHOAC in the EOC
  - Others
- What are the proper channels of communication and who or what agency is contacted to obtain those resources?
- What non-medical resources may be needed in the event (e.g., security, law enforcement, sanitation, water, transportation)?
- How will you maintain evidence/chain of custody for the dead bodies resulting from the bioterrorism/mass casualty event?

10-25-07
4:45 pm All facilities, agencies, and providers report status to the OA. The OA and EOC compile the reports, enter information into RIMS and place mission requests as appropriate. The Regional Emergency Operations Center (REOC) begins to receive reports from the OA and relays the information and resource requests to the Joint Emergency Operations Center (JEOC) and the State Operations Center.

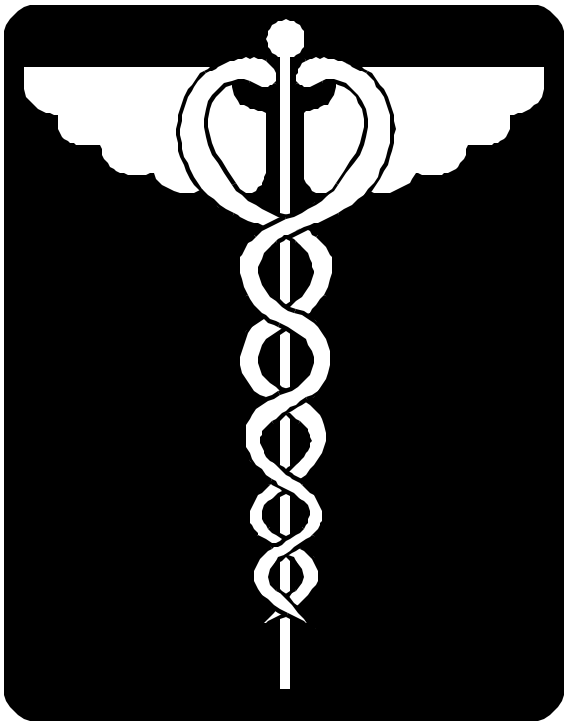
10-25-07 **THE EXERCISE ENDS**
5:00 pm **All participants conduct an exercise debriefing with HCC and departmental staff immediately upon termination of the exercise.**

Post exercise activities may include:

- Formal debriefing and incident review session with key personnel and the Emergency Preparedness Committee.
- Development of an After-Action Report (AAR).
- Development of a Corrective Action Plan (CAP), including timelines and deadlines for improvements.
- Dissemination of the AAR and CAP to key internal and external stakeholders.
- Planning for the next exercise.

Intelligence Messages

For Exercise Use only



22 October 2007, 1600 Hrs. (Page 1 of 2)

THREAT LEVEL CHANGED FROM YELLOW TO ORANGE
This intelligence bulletin provides law enforcement and other public safety officials with situational awareness concerning international and domestic terrorist groups and tactics.

Handling Notice: *Recipients are reminded that intelligence bulletins contain sensitive terrorism and counterterrorism information meant for use primarily within the law enforcement and homeland security communities. Such bulletins shall not be released in either written or oral form to the media, the general public, or other personnel who do not have a valid need-to-know without prior approval from an authorized Intelligence Community official.*

Key Findings
The Intelligence Community is currently investigating credible intelligence indicating that international terrorist organizations are planning attacks against critical infrastructure targets within California, and specifically the medical and public health system in the State of California.

International terrorist organizations—especially the Universal Adversary (UA)—remain the primary threat. Threats issued by UA and its affiliates, and attacks around the world indicate international terrorists regard the medical sector facilities as high-priority targets, causing medical facilities to be potentially at risk.

Suspicious activities in and around medical and public health facilities (specifically hospitals and medical clinics) have been reported regularly to local and federal law enforcement. While the majority of such incidents have posed no immediate threat, they may represent or resemble terrorist preoperational (dry run) activities.

Continuing UA Interest in Targeting Critical Infrastructure
A series of statements from UA and its affiliates have encouraged targeting critical infrastructure, including the public health and medical sector.

22 October 2007, 1600 Hrs. (Page 2 of 2)

UA views critical infrastructure targets such as hospitals and medical clinics as attractive and viable targets because of the vulnerability and ease of access to medical facilities. An attack would have significant iconic, economic and psychological impact.

• In previous statements posted on UA websites, a spokesman urged UA members to attack medical personnel and hospitals in countries around the world on the grounds that the United States is poisoning UA culture and aiding the enemies of UA.

• The UA-affiliated *Global UA Media Front* (exercise only*)* published an electronic handbook that encourages economic attacks and urges the targeting of public health infrastructure—to include facilities, individuals associated with hospitals, clinics and other healthcare facilities and related infrastructure.

Possible Pre-operational Activity in the Homeland
Suspicious activities at US healthcare facilities—to include incidents of possible surveillance—are reported regularly to local law enforcement and the FBI. While the majority of these incidents are resolved through investigation, some have raised concern within the intelligence and law enforcement communities of possible links to terrorist preoperational planning. As a result the Intelligence Community is raising Homeland Security Advisory System from Yellow to Orange for the Public Health Sector.

Orange indicates a high threat of terrorist attacks.

This assessment is ***Public Safety Sensitive***. Distribution is authorized to public officials, public safety and public health and healthcare personnel, including incident command personnel. ***Distribution or further dissemination beyond those agencies is not authorized.***

24 October 2006, 1700 Hrs. (Page 1 of 2)

THREAT LEVEL CHANGE FROM ORANGE TO RED

This intelligence bulletin provides law enforcement and other public safety officials with situational and tactical awareness concerning international and domestic terrorist groups and tactics.

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Key Findings:

Intelligence sources and assessment indicate the significant potential for attack in the US or against US interests abroad and within the Continental United States. California critical infrastructure targets and other major US cities are specifically mentioned as possible venues for attack during the next several days. Multiple suspected terrorist operatives have been arrested in California in what appears to be their final attack planning phase. It is clear that a major multi-faceted, coordinated terrorist attack is probable. It is not clear is how many other operatives and terrorist cells are involved.

On 22 October 2007, the Homeland Security Advisory System (HSAS) level was increased from ***Elevated (Yellow)*** to ***High (Orange***). The threat level was elevated due to the US Intelligence Community's assessment of intelligence reports indicating anti-US terror group's intentions of a possible attack. The Department of Homeland Security Secretary, advised key Operational Area officials, including state and local government, law enforcement, public health and other executives of the heightened level of threat. The Secretary specifically stated that the threat indicators are "perhaps greater now than at any point" since 11 September 2001, and that US Intelligence agencies have "received a substantial increase in the volume of threat-related intelligence reports."

Current intelligence reveals Universal Adversary's (UA) continued interest in the use of aircraft as a weapon in suicide attacks. Additionally, there have been repeated unsubstantiated reports regarding the threat of the use of biological weapons in a "massive" attack against the US, resulting in significant casualties, far exceeding the attack on 11 September 2001. Potential attacks may include a variety of terrorist tactics, techniques and procedures, including suicide operations, Vehicle Borne Improvised Explosive Devices, small assault teams, unconventional weapons, maritime and infrastructure attacks. Soft targets continue to be a subject of concern; these targets include hospitals, and medical clinics.

Public safety personnel should be aware that UA previous tactics include large vehicle borne explosives, surface-to-air missile attacks, as well as the use of various vehicles (trucks, boats, and planes) in suicide operations. Documents and videotapes recovered overseas indicate UA and aligned groups are also

interested in armed assaults and possibly even sniper attacks. UA's interest and capability for executing chemical, biological or radiological attacks remains a concern.

Transportation and aviation sectors are considered at risk, and the threat from suicide bombers persists. As previously assessed, the global terrorist threat is expected to mature and evolve over the long term. UA, in its many variations and through its affiliates, continues to manifest a viable threat against US and Western interests worldwide and can be expected to attempt to conduct operations within the US and European nations when they have the capability and when it meets their objectives. It is likely that UA and affiliated entities will seek to conduct operations wherever possible to demonstrate their operational and philosophical relevance.

The Intelligence Community considers this a high risk time period. It is our assessment that the greatest period of risk is from now through 26 October 2007, although the threat period is short, significant awareness must be maintained for attacks against critical infrastructure, and at public gathering places for a range of attacks, including potential suicide operations and the release of biological agents.

The Intelligence Community will continue assessments throughout the threat period and will disseminate updates as circumstances indicate.

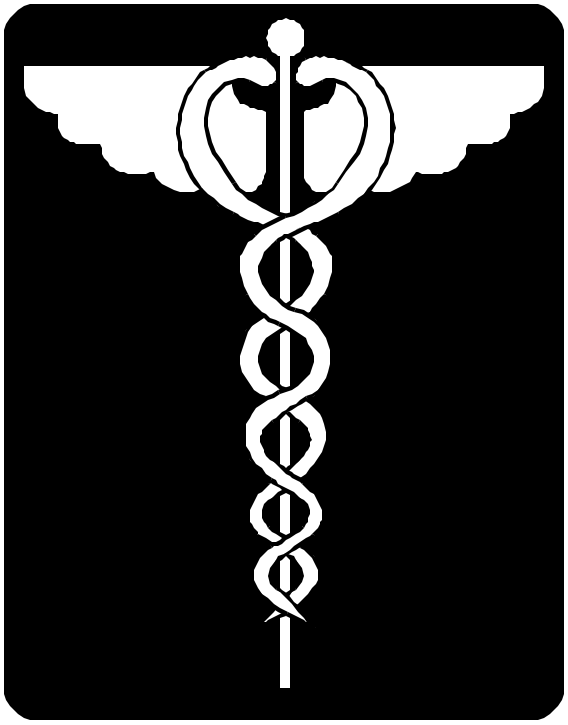
Finally, a Mission Folder detailing the recommended course of action for all Public Safety Agencies in the state is currently under development. In the interim, the following considerations are recommended.

Readiness Considerations: Public Health
Past intelligence, including an assessment of trends and potentials, demonstrates a desire of terrorists to employ biological agents, toxins, chemical agents and radiological means (e.g., radiation dispersal devices). Public health personnel should raise their index of suspicion for medical conditions, which may result from bioagents. Healthcare facilities and providers are encouraged to coordinate with and report cases to your County Department of Health Services.

In addition, medical and health personnel should contact local law enforcement or the FBI to report any terrorist activity or other suspicious circumstances or request assistance regarding threat assessment.

This assessment is ***Public Safety Sensitive***. Distribution is authorized to public officials, public safety and public health and healthcare personnel, including incident command personnel. ***Distribution or further dissemination beyond those agencies is not authorized.***

Master Sequence of Events Lists



State of California
Statewide Medical & Health Disaster Exercise
October 25, 2007
MASTER SEQUENCE OF EVENTS LIST
ACUTE CARE HOSPITALS

Real Time	Scenario Time	Message Event #	Receiving Officer	Information Source	Acute Care Hospitals Message/Event	Anticipated Response
	Pre-Event				**Pre-Event Discussion Points:** o How would your organization (hospital, clinic, EMS provider, or local public health department) be notified of security alerts and/or credible threats to healthcare infrastructure and who would the information come from? o What internal processes or procedures do you have to communicate sensitive information on a "need to know" basis? To whom would the information be communicated to in your organization? o When the Federal Homeland Security Threat Level is raised from Orange to Red, are there any activities that would be activated, including increased security measures? What internal and external notifications are activated? o What other agencies or organizations would it be imperative to make contact with and discuss protection of your critical infrastructure? o What other opportunities, issues, and challenges do you identify given this chain of events and in light of the elevation of the Homeland Security Threat Level to Red?	
October 25, 2007 – The Exercise Begins						
	0500				Who are the key people who can make the decision to activate the HCC?	
	0500				Once the decision is made to activate the HCC, what is the alert and notification process and what personnel are notified?	
	0500				What key positions in the HCC incident management team should be activated and why?	
	0500				What other agencies or organizations would you	

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					consider notifying of the HCC activation? Who makes those notifications?	
	0700				Who determines activation of the high census plan or procedures to free up or add patient beds to accommodate a large number of critical admissions?	
	0700				What strategies can be implemented to enhance emergency department capacity?	
	0700				With the supply of ventilators severely limited, what strategies can be implemented to procure additional ventilators?	
	0700				How will the assessment of priority for current and future use of ventilators be managed in the hospital? Who will make the prioritization and use decisions?	
	0700				Will the hospital alter the process of regularly scheduled appointments or non-emergency admissions at this time? How will information be communicated to patients that may be affected by any changes?	
	0700				What epidemiology/infection control issues have been (or should have been) identified and should be reported to the local public health department?	
	0700				What are the processes and mechanisms to notify the local public health department of the outbreak?	
	0700				What potential challenges/issues may the hospital face in the next 4 hours and what actions can be taken to mitigate or correct the issues?	
	O700				Within the hospital incident management team, are there medical or technical specialists who could assist in decision making?	
	0800				What additional security measures can be implemented to enhance hospital security?	

State of California
Statewide Medical & Health Disaster Exercise
October 25, 2007

MASTER SEQUENCE OF EVENTS LIST
ACUTE CARE HOSPITALS

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	0800				Should the hospital consider screening of all persons entering the hospital? If initiated, how will this be communicated to EMS and ambulance providers?	
	0800				What PPE should be considered for security staff and staff assigned to monitor entrances (e.g., lobby)? How do you ensure assigned staff have appropriate PPE training?	
	0800				What is the procedure for reporting suspect cases to the local public health department?	
	0800				How do you prioritize and triage patient care during a patient surge event, continue to maintain community care and regular appointments, while accommodating the infectious patients?	
	0800				What is the appropriate process to ascertain current bed counts and patient census to report to the local public health department? What are the appropriate forms that should be used and how is the information communicated?	
	0930				How will you respond to the concerns and information needs of the on and off-duty staff, patients, and visitors who are monitoring the news broadcasts?	
	0930				How will essential services be determined and provided in light or increased patient numbers and decreased staffing?	
	0930				Has your Public Information Officer/public affairs department been activated?	

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	0930				The PIO must prepare a press release in collaboration with the JIC, local public health department, and local emergency management. What is your facility policy for the release of information and media briefings?	
	0930				What issues does law enforcement interviewing patients and staff pose to the healthcare facility, staff, patients, local public health, and others?	
	0930				What policies and procedures are in place to guide and direct staff when dealing with law enforcement requests?	
	0930				What facility policies guide evidence collection in a terrorism event and law enforcement confiscation of patient belongings, valuables, and other items for evidence?	
	0930				How will law enforcement personnel interviewing patients be oriented to and provided with personal protective equipment? Are there additional precautions that should be taken or required (e.g., limiting or denying contact with infected patients)?	
	0930				Who will control and coordinate the release of information, access to the patients, and release of medical records?	
	0930				How will the hospital deal with staff absenteeism issues? Are there procedures or plans in place to address the issues?	
	0930				How will the hospital/clinic deal with staff who insist on leaving work to avoid exposure?	

State of California
Statewide Medical & Health Disaster Exercise
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MASTER SEQUENCE OF EVENTS LIST
ACUTE CARE HOSPITALS

Real Time	Scenario Time	Message Event #	Receiving Officer	Information Source	Acute Care Hospitals Message/Event	Anticipated Response
	0930				How does the hospital and/or clinic assess, triage, and determine the allocation of scarce resources including acute care beds, ventilators, and equipment? How are staff on-duty notified of these changes?	
	0930				Local law enforcement will be arriving to the facility to interview patients and others. What patient information and medical records can be released to FBI/law enforcement, in accordance with patient privacy and statutes?	
	0945				**All participants conduct a media briefing/press conference.** o Who will be the spokesperson(s) for the hospital? o How will pre-briefing planning be coordinated with health care and emergency management partners? o Where will the media briefing be conducted? o Who should attend the media briefing in addition to the spokespersons? o What information will be provided to the media? o How will the agency conducting the media briefing ensure the information is consistent with other response partners?	

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Real Time	Scenario Time	Message Event #	Receiving Officer	Information Source	Acute Care Hospitals Message/Event	Anticipated Response
	1000				In consultation with the engineering department, infection control, and the Incident Commander/Operations Section Chief and/or Director or VP of Nursing, where should the designated isolation area be established? o Patient care area o Conversion of a non-acute patient care area o Isolating patients in alternate care site outside of the hospital facility	
	1000				How can the Heating, Ventilation and Air Conditioning (HVAC) be controlled in the designated area to ensure respiratory isolation?	
	0930				How will the hospital/clinic deal with staff that insist on leaving work to avoid exposure?	
	0930				How does the hospital and/or clinic assess, triage, and determine the allocation of scarce resources including acute care beds, ventilators, and equipment? How are staff on-duty notified of these changes?	
	0930				Local law enforcement will be arriving to the facility to interview patients and others. What patient information and medical records can be released to FBI/law enforcement, in accordance with patient privacy and statutes?	
	0945				Who will be the media spokesperson(s) for the hospital?	
	0945				Where should the media briefing be conducted?	
	0945				Who should attend the briefing in addition to the spokespersons?	
	0945				What information will be provided to the media?	

State of California
Statewide Medical & Health Disaster Exercise
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Real Time	Scenario Time	Message Event #	Receiving Officer	Information Source	Acute Care Hospitals Message/Event	Anticipated Response
	0945				How will the agency conducting the media briefing ensure the provision of information that is consistent with other response partners?	
	1000				In consultation with the engineering department, infection control, and the Incident Commander/Operations Section Chief and/or Director or VP of Nursing, where should the designated isolation area be established? o Patient care area o Conversion of a non-acute patient care area o Isolating patients in alternate care site outside of the hospital facility	
	1000				How can the Heating, Ventilation and Air Conditioning (HVAC) be controlled in the designated area to ensure respiratory isolation?	

State of California
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MASTER SEQUENCE OF EVENTS LIST
ACUTE CARE HOSPITALS

Real Time	Scenario Time	Message Event #	Receiving Officer	Information Source	Acute Care Hospitals Message/Event	Anticipated Response
	1000				What special considerations should be taken for the designated isolation area? o Security o Staff assignment and protection o Traffic flow and restriction of personnel, families and friends o Morgue o Supplies and equipment, including PPE o Medical gases o Nutritional Services o Suctioning o Air exchanges o Biohazardous waste o Suctioning o Air exchanges o Biohazardous waste	
	1000				What additional resources or supplies (e.g., diapers, formula, cribs, and pediatric-sized respiratory equipment) does the facility have to care for children?	
	1000				How will you provide competent pediatric staff to care for the children presenting and admitted to the facility?	
	1000				Does the facility have a plan to deal with children that are not sick or do not need to be admitted and arrive with their parent that needs to be admitted?	
	1000				Security of the facility staff, current patients, and the facility is important. What security measures should be taken to protect the assets? Limited access? Lockdown?	

State of California
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MASTER SEQUENCE OF EVENTS LIST
ACUTE CARE HOSPITALS

Real Time	Scenario Time	Message Event #	Receiving Officer	Information Source	Acute Care Hospitals Message/Event	Anticipated Response
	1000				How will you orchestrate the security measures which will be implemented, and what processes will you use?	
	1000				How will you communicate the security precautions and measures to the arriving public?	
	1000				The public knows the hospital has medications to treat the disease. How will you ensure the safety and security of the stockpiled equipment, supplies, and pharmaceuticals?	
	1000				How will you coordinate with clinics and private physicians to control or reduce transfers to your hospital?	
	1000				The hospital is receiving a large volume of calls for information and services. Is your organization able to receive and process the calls?	
	1130				What are your facility's current par/stockpile levels of medications to treat the primary and secondary infections?	
	1130				What is the current stockpile/availability of medications in liquid form or in pediatric dosages to administer to pediatric patients?	
	1130				*Yersinia pestis* has been confirmed as the infectious agent. What appropriate isolation precautions should be implemented?	

State of California
Statewide Medical & Health Disaster Exercise
October 25, 2007
MASTER SEQUENCE OF EVENTS LIST
ACUTE CARE HOSPITALS

Real Time	Scenario Time	Message Event #	Receiving Officer	Information Source	Acute Care Hospitals Message/Event	Anticipated Response
	1130				How will you prioritize and allocate the use of the medications? o For current patients (symptomatic)? o For exposed but asymptomatic staff? o As prophylaxis for staff at high risk for exposure (e.g., caring for infected patients, ED staff)? o For staff members families?	
	1130				Does you hospital emergency operations plan address the implementation of altered standards of care during a surge event? o How and by whom will the decision be made to implement altered standards of care? o What criteria would be utilized for altering standards of care? o How will you triage and prioritize the use of existing ventilators? o How will implementation of altered standards of care be tracked and evaluated?	

State of California
Statewide Medical & Health Disaster Exercise
October 25, 2007
MASTER SEQUENCE OF EVENTS LIST
ACUTE CARE HOSPITALS

Real Time	Scenario Time	Message Event #	Receiving Officer	Information Source	Acute Care Hospitals Message/Event	Anticipated Response
	1130				You must now establish hospital-based alternate care sites/alternate patient care locations to accommodate the surge of patients. o What logistical and staffing issues does this present to the facility? o How will patients be triaged and moved to the alternate care site? o Weather conditions must be taken into account in the establishment of alternate care sites. How will this impact the plans? o What is your procedure for notifying local CDPH Licensing and Certification offices about the plans to establish alternate care sites? o Are there other waivers that might be needed and requested from CDPH Licensing and Certification? (e.g., waiver of nurse/staffing ratios)	
	1130				What additional space and resources can be procured from outside of your facility to provide patient care and accommodate the surge? Are there any memorandums of understanding (MOUs) that could be activated to assist?	
	1130				What are the procedures to communicate resource needs when you facility has or will soon exhaust current supplies?	
	1130				How will you track patients throughout the hospital, including the hospital-based alternate care sites and to other patient care destinations, in accordance with applicable law and regulations?	

State of California
Statewide Medical & Health Disaster Exercise
October 25, 2007
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ACUTE CARE HOSPITALS

Real Time	Scenario Time	Message Event #	Receiving Officer	Information Source	Acute Care Hospitals Message/Event	Anticipated Response
	1130				What communication and status reports are you maintaining with vendors of equipment, supplies, and outside services (e.g., linen, food)?	
	1130				Would the hospital consider providing prophylaxis to vendors and suppliers to ensure business continuity?	
	1130				What communication and status reports are you providing to OA medical and health point of contact?	
	1130				How will the following local public health decisions and actions impact healthcare provider staffing and what mitigation efforts can be undertaken? o School dismissals/closures, in conjunction with the local Dept of Education? o Social distancing, including closure of public events and public gathering sites? o Closure of child and adult day care centers?	
	1130				How are you tracking potential employee exposures?	
	1130				The hospital may be contacted by local law enforcement for names of patients presenting with symptoms or history of exposure. What is the hospital policy and procedure(s) on releasing patient information to law enforcement?	
	1200				What can be done to immediately address the concerns of staff?	
	1200				How can personnel be augmented?	
	1200				How will personal protective equipment be allocated among staff, physicians, and volunteers?	
	1200				What other resources are available to your hospital lab to assist with specimen processing?	

State of California
Statewide Medical & Health Disaster Exercise
October 25, 2007
MASTER SEQUENCE OF EVENTS LIST
ACUTE CARE HOSPITALS

Real Time	Scenario Time	Message Event #	Receiving Officer	Information Source	Acute Care Hospitals Message/Event	Anticipated Response
	1200				How will you expand isolation capacity within the facility to accommodate the large numbers of infected or potentially infected patients?	
	1200				Your morgue capacity is limited, and there have been 25 deaths. What provisions for storage, security, and evidence preservation of the bodies must be implemented?	
	1200				What provisions do you have for "just in time" fit testing and training for PPE?	
	1200				Has a triage area and processes been established to immediately identify and isolate patients presenting with suspicious symptoms from the general population?	
	1200				Has triage, support, and education been established for asymptomatic/unexposed persons presenting to the ED, clinics, medical offices and calling EMS providers?	
	1230				**Statistics for the Operational Area (county):** o Number of patients admitted with possible pneumonic plague: _____ o Number of patients treated and triaged to home with symptomatic care, including mild symptoms, the asymptomatic/unexposed (e.g., worried well) and pre-symptomatic patients: _____ o Number of patients waiting to be seen: _____ o Estimated number of persons requiring mass prophylaxis: _____ o Number of deceased: _____	
	1230				How do you identify patients seen in previous days before the biological agent was identified?	
	1230				How do you identify, monitor, and provide follow up to exposed staff?	

State of California
Statewide Medical & Health Disaster Exercise
October 25, 2007
MASTER SEQUENCE OF EVENTS LIST
ACUTE CARE HOSPITALS

Real Time	Scenario Time	Message Event #	Receiving Officer	Information Source	Acute Care Hospitals Message/Event	Anticipated Response
	1230				Who within your community/OA can provide your organization with the information and recommendations requested above?	
	1230				Does your facility/service have a plan and procedures to manage and utilize convergent volunteers who present to assist?	
	1330				o The intensive care unit(s) within the hospital are at capacity and there are no additional Intensive Care Unit (ICU) beds. o The emergency department (ED) is holding a number _____ (insert appropriate number of ED patients to increase strain on resources) of patients awaiting inpatient beds, including ICU, telemetry, medical surgical, and negative pressure isolation rooms.	
	1330				What is the current situation status of the facility/service?	
	1330				What are the critical issues and resources?	
	1330				What are the operational objectives for the operational period of 3:30 pm until 11:00 pm?	
	1330				What staffing is needed?	
	1330				How are limited resources being allocated and prioritized? Who makes these decisions and how are they conveyed to the staff and community?	
	1330				How will the facility be staffed?	
	1330				How will the Hospital Command Center/Emergency Operations Center/Department Operations Center be staffed? Can any positions be demobilized?	
	1330				What community "volunteer" resources can be utilized by your facility to assist with the surge of patients which are expected to continue for an extended period of time?	

State of California
Statewide Medical & Health Disaster Exercise
October 25, 2007
MASTER SEQUENCE OF EVENTS LIST
ACUTE CARE HOSPITALS

Real Time	Scenario Time	Message Event #	Receiving Officer	Information Source	Acute Care Hospitals Message/Event	Anticipated Response
	1330				How will you address the behavioral health/psychosocial needs of the staff, volunteers, physicians, and patients, including Critical Incident Stress Management/Debriefing (CISM/D)?	
	1330				How will your facility or service ensure business continuity, maintenance of those essential or critical services, and continue to provide community care services?	
	1330				How will your facility deal with the substantial increase in sanitation needs, demand for food/drink, and patient holding areas due to the patient surge?	
					DEVELOP AN INCIDENT ACTION PLAN What other organizations or responders could/should also receive the Incident Action Plan (IAP) to facilitate communication and response among partners?	
	1330				How will you communicate the IAP to the appropriate agencies?	
	1330				From which agencies would it be helpful to receive their IAPs?	
	1500				**EXECUTE A SHIFT CHANGE** o Conduct an incident briefing and report of current situation status o Announce a formal transfer of command o Report the Incident Action Plan for the next operational period o Replace off going personnel with oncoming personnel (or simulate a change of positions in the command centers)	

State of California
Statewide Medical & Health Disaster Exercise
October 25, 2007
MASTER SEQUENCE OF EVENTS LIST
ACUTE CARE HOSPITALS

Real Time	Scenario Time	Message Event #	Receiving Officer	Information Source	Acute Care Hospitals Message/Event	Anticipated Response
	1600				**CONDUCT A PRESS CONFERENCE AT 1630** o What community or governmental agencies should participate in the press conferences (e.g., public health department, healthcare facility officials, local government, and physicians)? o Who is the most appropriate person(s) to represent the healthcare facility at the press conference(s) and who makes this decision? o How often should the press conferences be scheduled? o Where should the press conferences be convened within the community? o Who is the "lead" agency for the press conferences? o What steps have been taken to ensure a consistent message among the healthcare community and all levels of government agencies/officials? Who makes the final decision about information to be conveyed when there is conflict among the responding agencies?	
	1630				**LONG TERM PLANNING/RECOVERY** Activate current processes and procedures to procure essential resources needed currently and the next 24 hours. If no processes or procedures exist, what possible actions and plans can be taken to procure the resources?	
	1630				Can vendors be protected from exposure or provided prophylaxis to ensure delivery of needed resources?	

State of California
Statewide Medical & Health Disaster Exercise
October 25, 2007
MASTER SEQUENCE OF EVENTS LIST
ACUTE CARE HOSPITALS

Real Time	Scenario Time	Message Event #	Receiving Officer	Information Source	Acute Care Hospitals Message/Event	Anticipated Response
	1630				What resources and mechanisms are available to procure the needed supplies and equipment and who or what agency is contacted to provide those resources? o Intra-hospital resources o Inter-hospital resources o Community resources, including city and county o County resources, including the MHOAC in the EOC o Others	
	1630				What are the proper channels of communication and who or what agency is contacted to obtain those resources?	
	1630				What non-medical resources may be needed in the event (e.g., security, law enforcement, sanitation, water, transportation)?	
	1630				How will you maintain evidence/chain of custody for the dead bodies resulting from the bioterrorism/mass casualty event?	
	1630				What non-medical resources may be needed in the event (e.g., security, law enforcement, sanitation, water, transportation)?	
	1645				Report hospital status to the MHOAC/OA EOC.	
	1700				**THE EXERCISE ENDS** Conduct an exercise debriefing with HCC and departmental staff immediately upon termination of the exercise. **Post exercise activities may include:** o Formal debriefing and incident review session with key personnel and the Emergency Preparedness Committee. o Development of an After-Action Report (AAR).	

					o Development of a Corrective Action Plan (CAP), including timelines and deadlines for improvements. o Dissemination of the AAR and CAP to key internal and external stakeholders. o Planning for the next exercise.	

State of California
Statewide Medical & Health Disaster Exercise
October 25, 2007
MASTER SEQUENCE OF EVENTS LIST
COMMUNITY CLINICS

Real Time	Scenario Time	Message Event #	Receiving Officer	Information Source	Community Clinics Message/Event	Anticipated Response
	Pre-Event				**Pre-Event Discussion Points:** o How would your clinic be notified of security alerts and/or credible threats to healthcare infrastructure and who would the information come from? o What internal processes or procedures do you have to communicate sensitive information on a "need to know" basis? To whom would the information be communicated to in your organization? o When the Federal Homeland Security Threat Level is raised from Orange to Red, are there any activities that would be activated, including increased security measures? What internal and external notifications are activated? o What other agencies or organizations would it be imperative to make connections with and discuss protection of your critical infrastructure? o What other opportunities, issues, and challenges do you identify given this chain of events and in light of the elevation of the Homeland Security Threat Level to Red?	
October 25, 2007 – The Exercise Begins						
	0900				How do you prioritize and triage patient care during a patient surge event, maintaining community care and regular appointments, while accommodating the infectious patients?	
	0900				What is the trigger to cancel or reschedule routine clinic appointment to accommodate the surge of ILI patients?	
	0900				How will the rescheduling of routine appointments impact these patients and their continuity of care?	

State of California
Statewide Medical & Health Disaster Exercise
October 25, 2007
MASTER SEQUENCE OF EVENTS LIST
COMMUNITY CLINICS

Real Time	Scenario Time	Message Event #	Receiving Officer	Information Source	Community Clinics Message/Event	Anticipated Response
	0900				What infection control measures for staff and patients should be implemented?	
	0900				Does your plan include isolating patients with ILI from the general clinic population to decrease exposure?	
	0930				How will you respond to the concerns and information needs of the on and off-duty staff, patients, and visitors who are monitoring the news broadcasts?	
	0930				How will essential services be determined and provided in light or increased patient numbers and decreased staffing?	
	0930				Has your Public Information Officer/public affairs department been activated?	
	0930				The PIO must prepare a press release in collaboration with the JIC, local public health department, and local emergency management. What is your facility policy for the release of information and media briefings?	
	0930				What issues does law enforcement interviewing patients and staff pose to the healthcare facility, staff, patients, local public health, and others?	
	0930				What policies and procedures are in place to guide and direct staff when dealing with law enforcement requests?	
	0930				What facility policies guide evidence collection in a terrorism event and law enforcement confiscation of patient belongings, valuables, and other items for evidence?	

State of California
Statewide Medical & Health Disaster Exercise
October 25, 2007
MASTER SEQUENCE OF EVENTS LIST
COMMUNITY CLINICS

Real Time	Scenario Time	Message Event #	Receiving Officer	Information Source	Community Clinics Message/Event	Anticipated Response
	0930				How will law enforcement personnel interviewing patients be oriented to and provided with personal protective equipment? Are there additional precautions that should be taken or required (e.g., limiting or denying contact with infected patients)?	
	0930				Who will control and coordinate the release of information, access to the patients, and release of medical records?	
	0930				How will the clinic deal with staff absenteeism issues? Are there procedures or plans in place to address the issues? How will the clinic deal with staff who insist on leaving work to avoid exposure?	
	0930				How does the clinic assess, triage, and determine the allocation of scarce resources including acute care beds, ventilators, and equipment? How are staff on-duty notified of these changes?	
	0930				Local law enforcement will be arriving to the facility to interview patients and others. What patient information and medical records can be released to FBI/law enforcement, in accordance with patient privacy and statutes?	

State of California
Statewide Medical & Health Disaster Exercise
October 25, 2007
MASTER SEQUENCE OF EVENTS LIST
COMMUNITY CLINICS

Real Time	Scenario Time	Message Event #	Receiving Officer	Information Source	Community Clinics Message/Event	Anticipated Response
	0945				**All participants conduct a media briefing/press conference.** o Who will be the spokesperson(s) for the clinic? o How will pre-briefing planning be coordinated with health care and emergency management partners? o Where will the media briefing be conducted? o Who should attend the media briefing in addition to the spokespersons? o What information will be provided to the media? o How will the agency conducting the media briefing ensure the information is consistent with other response partners?	
	1000				Security of the facility staff, current patients, and the facility is important. What security measures should be taken to protect the assets? Limited access? Lockdown?	
	1000				How will you orchestrate the security measures which will be implemented, and what processes will you use?	
	1000				How will you communicate the security precautions and measures to the arriving public?	
	1000				*Yersinia pestis* has been confirmed as the infectious agent. What appropriate isolation precautions should be implemented?	
	1000				The public knows the hospital/clinic has medications to treat the disease. How will you ensure the safety and security of the stockpiled equipment, supplies, and pharmaceuticals?	

State of California
Statewide Medical & Health Disaster Exercise
October 25, 2007
MASTER SEQUENCE OF EVENTS LIST
COMMUNITY CLINICS

Real Time	Scenario Time	Message Event #	Receiving Officer	Information Source	Community Clinics Message/Event	Anticipated Response
	1000				How will you coordinate with clinics and private physicians to control or reduce transfers to the hospital?	
	1000				The hospital/clinic is receiving a large volume of calls for information and services. Is your organization able to receive and process the calls?	
	1130				Your clinic's current in-house supply of treatment/prophylaxis medications is severely limited, if available at all. How will you provide prophylaxis to staff?	
	1130				Patients seen in the clinics are given prescriptions for the medications to treat minor symptoms or as prophylaxis for exposures. The patients are returning to the clinics very angry because local pharmacies have run out of the medications and they cannot fill their prescriptions. What strategies will address these issues?	
	1130				What additional space and resources can be procured from outside of your facility to provide patient care and accommodate the surge? Are there any memorandums of understanding (MOUs) that could be activated to assist?	
	1130				What communication and status reports are you maintaining with vendors of equipment, supplies and outside services (e.g., linen)?	
	1130				Would the clinic consider providing prophylaxis to vendors and suppliers to ensure business continuity?	
	1130				What communication and status reports are you providing to OA medical and health point of contact?	
	1130				How are you tracking potential employee exposures?	

State of California
Statewide Medical & Health Disaster Exercise
October 25, 2007
MASTER SEQUENCE OF EVENTS LIST
COMMUNITY CLINICS

Real Time	Scenario Time	Message Event #	Receiving Officer	Information Source	Community Clinics Message/Event	Anticipated Response
	1200				What actions should be considered by the clinic in light of the overwhelming patient volumes, patient needs, lack of resources, and exhausted staff?	
	1200				What are your options and processes to acquire additional equipment, supplies, and pharmaceuticals?	
	1200				How will you respond to the concerns and information needs of the staff, patients, and visitors who are monitoring the news broadcasts? What messages should be developed to address their needs?	
	1200				How can you augment personnel and staffing of the clinic?	
	1200				How will you manage the deceased? Storage, security, and evidence preservation?	
	1230				**Statistics for the Operational Area (county):** o Number of patients admitted with possible pneumonic plague: _____ o Number of patients treated and triaged to home with symptomatic care, including mild symptoms, the asymptomatic/unexposed (e.g., worried well) and pre-symptomatic patients: _____ o Number of patients waiting to be seen: _____ o Estimated number of persons requiring mass prophylaxis: _____ o Number of deceased: _____	
	1230				How do you identify patients seen in previous days before the biological agent was identified?	
	1230				How do you identify, monitor, and provide follow up to exposed staff?	

State of California
Statewide Medical & Health Disaster Exercise
October 25, 2007
MASTER SEQUENCE OF EVENTS LIST
COMMUNITY CLINICS

Real Time	Scenario Time	Message Event #	Receiving Officer	Information Source	Community Clinics Message/Event	Anticipated Response
	1230				Who within your community/OA can provide your organization with the information and recommendations requested above?	
	1230				Does your facility/service have a plan and procedures to manage and utilize convergent volunteers who present to assist?	
	1330				What is the current situation status of the clinic?	
	1330				What are the critical issues and resources?	
	1330				What are the operational objectives for the operational period of 3:30 pm until 11:00 pm?	
	1330				What staffing is needed?	
	1330				How are limited resources being allocated and prioritized? Who makes these decisions and how are they conveyed to the staff and community?	
	1330				How will the facility be staffed?	
	1330				How will the clinic Emergency Operations Center be staffed? Can any positions be demobilized?	
	1330				What community “volunteer” resources can be utilized by your facility to assist with the surge of patients which are expected to continue for an extended period of time?	
	1330				How will you address the behavioral health/psychosocial needs of the staff, volunteers, physicians, and patients, including Critical Incident Stress Management/Debriefing (CISM/D)?	
	1330				How will your facility or service ensure business continuity, maintenance of those essential or critical services, and continue to provide community care services?	

State of California
Statewide Medical & Health Disaster Exercise
October 25, 2007
MASTER SEQUENCE OF EVENTS LIST
COMMUNITY CLINICS

Real Time	Scenario Time	Message Event #	Receiving Officer	Information Source	Community Clinics Message/Event	Anticipated Response
	1330				How will your facility deal with the substantial increase in sanitation needs, demand for food/drink, and patient holding areas due to the patient surge?	
	1330				**DEVELOP AN INCIDENT ACTION PLAN** What other organizations or responders could/should also receive the Incident Action Plan (IAP) to facilitate communication and response among partners?	
	1330				How will you communicate the IAP to the appropriate agencies?	
					From which agencies would it be helpful to receive their IAPs?	
	1500				**EXECUTE A SHIFT CHANGE** o Conduct an incident briefing and report of current situation status o Announce a formal transfer of command o Report the Incident Action Plan for the next operational period o Replace off going personnel with oncoming personnel (or simulate a change of positions in the command centers)	
	1600				What community or governmental agencies should participate in the press conferences (e.g., public health department, healthcare facility officials, local government, and physicians)?	
	1600				Who is the most appropriate person(s) to represent the healthcare facility at the press conference(s) and who makes this decision?	
	1600				How often should the press conferences be scheduled?	

State of California
Statewide Medical & Health Disaster Exercise
October 25, 2007
MASTER SEQUENCE OF EVENTS LIST
COMMUNITY CLINICS

Real Time	Scenario Time	Message Event #	Receiving Officer	Information Source	Community Clinics Message/Event	Anticipated Response
	1600				Where should the press conferences be convened within the community?	
	1600				Who is the "lead" agency for the press conferences?	
	1600				What steps have been taken to ensure a consistent message among the healthcare community and all levels of government agencies/officials? Who makes the final decision about information to be conveyed when there is conflict among the responding agencies?	
	1630				**LONG TERM PLANNING/RECOVERY** Activate current processes and procedures to procure essential resources needed currently and the next 24 hours. If no processes or procedures exist, what possible actions and plans can be taken to procure the resources?	
	1630				Can vendors be protected from exposure or provided prophylaxis to ensure delivery of needed resources?	
	1630				What resources and mechanisms are available to procure the needed supplies and equipment and who or what agency is contacted to provide those resources? o Intra-clinic resources o Inter-clinic resources o Community resources, including city and county o County resources, including the MHOAC in the EOC o Others	
	1630				What are the proper channels of communication and who or what agency is contacted to obtain those resources?	

State of California
Statewide Medical & Health Disaster Exercise
October 25, 2007
MASTER SEQUENCE OF EVENTS LIST
COMMUNITY CLINICS

Real Time	Scenario Time	Message Event #	Receiving Officer	Information Source	Community Clinics Message/Event	Anticipated Response
	1630				What non-medical resources may be needed in the event (e.g., security, law enforcement, sanitation, water, transportation)?	
	1630				How will you maintain evidence/chain of custody for the dead bodies resulting from the bioterrorism/mass casualty event?	
	1630				What non-medical resources may be needed in the event? (e.g., security, law enforcement, sanitation, water, transportation)	
	1645				Report clinic status to the MHOAC/OA EOC.	
	1700				**THE EXERCISE ENDS** Conduct an exercise debriefing with HCC and departmental staff immediately upon termination of the exercise. **Post exercise activities may include:** o Formal debriefing and incident review session with key personnel and the Emergency Preparedness Committee. o Development of an After-Action Report (AAR). o Development of a Corrective Action Plan (CAP), including timelines and deadlines for improvements. o Dissemination of the AAR and CAP to key internal and external stakeholders. o Planning for the next exercise.	

State of California
Statewide Medical & Health Disaster Exercise
October 25, 2007
MASTER SEQUENCE OF EVENTS LIST
EMS PROVIDERS

Real Time	Scenario Time	Message Event #	Receiving Officer	Information Source	EMS Providers Message/Event	Anticipated Response
	Pre-Event				**Pre-Event Discussion Points:** o How would your organization (clinic, EMS provider, or local public health department) be notified of security alerts and/or credible threats to healthcare infrastructure and who would the information come from? o What internal processes or procedures do you have to communicate sensitive information on a "need to know" basis? To whom would the information be communicated to in your organization? o When the Federal Homeland Security Threat Level is raised from Orange to Red, are there any activities that would be activated, including increased security measures? What internal and external notifications are activated? o What other agencies or organizations would it be imperative to make connections with and discuss protection of your critical infrastructure? o What other opportunities, issues, and challenges do you identify given this chain of events and in light of the elevation of the Homeland Security Threat Level to Red?	
October 25, 2007 – The Exercise Begins						
	0700				What are the triggers/criteria/considerations for enhancing staffing to put more ambulances in service to meet the 911 call volume demands?	
	0700				With an increased number of 911 patients with severe cough and ILI, what increased personal protective/infection control measures should be recommended to EMS crews?	

State of California
Statewide Medical & Health Disaster Exercise
October 25, 2007
MASTER SEQUENCE OF EVENTS LIST
EMS PROVIDERS

Real Time	Scenario Time	Message Event #	Receiving Officer	Information Source	EMS Providers Message/Event	Anticipated Response
	0700				What potential challenges/issues may the EMS personnel face in the next 4 hours and what actions can be taken to mitigate or correct the issues?	
	0700				Is there a policy / procedure in place to relax transport guidelines and response times? What triggers this policy?	
	0930				How will you respond to the concerns and information needs of the on and off-duty staff, patients, and visitors who are monitoring the news broadcasts?	
	0930				How will essential services be determined and provided in light or increased patient numbers and decreased staffing?	
	0930				Has your Public Information Officer/public affairs department been activated?	
	0930				The PIO must prepare a press release in collaboration with the JIC, local public health department, and local emergency management. What is your facility policy for the release of information and media briefings?	
	0930				What issues does law enforcement interviewing patients and staff pose to the healthcare facility, staff, patients, local public health, and others?	
	0930				What policies and procedures are in place to guide and direct staff when dealing with law enforcement requests?	
	0930				What facility policies guide evidence collection in a terrorism event and law enforcement confiscation of patient belongings, valuables, and other items for evidence?	

State of California
Statewide Medical & Health Disaster Exercise
October 25, 2007
MASTER SEQUENCE OF EVENTS LIST
EMS PROVIDERS

Real Time	Scenario Time	Message Event #	Receiving Officer	Information Source	EMS Providers Message/Event	Anticipated Response
	0930				How will law enforcement personnel interviewing patients be oriented to and provided with personal protective equipment? Are there additional precautions that should be taken or required (e.g., limiting or denying contact with infected patients)?	
	0930				Who will control and coordinate the release of information, access to the patients, and release of medical records?	
	0945				**All participants conduct a media briefing/press conference.** o Who will be the spokesperson(s) for the hospital? o How will pre-briefing planning be coordinated with health care and emergency management partners? o Where will the media briefing be conducted? o Who should attend the media briefing in addition to the spokespersons? o What information will be provided to the media? o How will the agency conducting the media briefing ensure the information is consistent with other response partners?	
	1000				What procedures currently exist or must be implemented to decontaminate the ambulances between transports?	
	1000				What measures have been taken to protect the staff during patient assessment and transport?	

State of California
Statewide Medical & Health Disaster Exercise
October 25, 2007
MASTER SEQUENCE OF EVENTS LIST
EMS PROVIDERS

Real Time	Scenario Time	Message Event #	Receiving Officer	Information Source	EMS Providers Message/Event	Anticipated Response
	1000				Are alternate care sites available for EMS/ambulances to transport non-acute patients to instead of the acute care facility? How would you be notified that alternate care sites have opened?	
	1000				What permissions or changes in protocols would be necessary for ambulances to transport appropriate patients to alternate care sites or clinics instead of the acute care hospital? Who would sanction alternate destinations and provide guidelines to you (e.g., local EMS agency, local health department/officer)?	
	1000				Has mass prophylaxis for the staff been arranged, and how is this information provided to the staff?	
	1000				What measures have been taken to increase staffing and the numbers of available ambulance units in service to accommodate the surge of patients?	
	1200				What infection control precautions have been taken for EMS/ambulance personnel?	
	1200				Who has the authority to establish altered triage and dispatch priorities to ensure ambulances are dispatched appropriately?	
	1200				What other EMS/ambulance resources (e.g., additional rigs and staff) are available to you?	
	1200				What is the decision-making process to make an ALS staffed rig into a BLS staffed rig in order to increase the number of ambulances available?	

State of California
Statewide Medical & Health Disaster Exercise
October 25, 2007
MASTER SEQUENCE OF EVENTS LIST
EMS PROVIDERS

Real Time	Scenario Time	Message Event #	Receiving Officer	Information Source	EMS Providers Message/Event	Anticipated Response
	1200				What medications and supplies are severely limited? What is the process of re-supplying critical equipment and supplies if hospitals and vendors cannot provide resources through normal supply chains?	
	1200				What are the decision-making processes to determine altered standards of care for EMS patients?	
	1230				How do you identify patients transported in previous days before the biological agent was identified?	
	1230				How do you identify, monitor, and provide follow up to exposed staff?	
	1230				Who within your community/OA can provide your organization with the information and recommendations requested above?	
	1230				Does your facility/service have a plan and procedures to manage and utilize convergent volunteers who present to assist?	
	1330				What is the current situation status of the EMS service?	
	1330				What are the critical issues and resources?	
	1330				What are the operational objectives for the operational period of 3:30 pm until 11:00 pm?	
	1330				What staffing is needed?	
	1330				How are limited resources being allocated and prioritized? Who makes these decisions and how are they conveyed to the staff and community?	
	1330				How will the EMS service be staffed?	
	1330				How will the Department Operations Center be staffed? Can any positions be demobilized?	

State of California
Statewide Medical & Health Disaster Exercise
October 25, 2007
MASTER SEQUENCE OF EVENTS LIST
EMS PROVIDERS

Real Time	Scenario Time	Message Event #	Receiving Officer	Information Source	EMS Providers Message/Event	Anticipated Response
	1330				What community "volunteer" resources can be utilized by your facility to assist with the surge of patients which are expected to continue for an extended period of time?	
	1330				How will you address the behavioral health/psychosocial needs of the staff, volunteers, physicians, and patients, including Critical Incident Stress Management/Debriefing (CISM/D)?	
	1330				How will your facility or service ensure business continuity, maintenance of those essential or critical services, and continue to provide community care services?	
	1330				How will your facility deal with the substantial increase in sanitation needs, demand for food/drink, and patient holding areas due to the patient surge?	
	1330				**DEVELOP AN INCIDENT ACTION PLAN** What other organizations or responders could/should also receive the Incident Action Plan (IAP) to facilitate communication and response among partners?	
	1330				How will you communicate the IAP to the appropriate agencies?	
	1330				**From which agencies would it be helpful to receive their IAPs?**	
	1500				**EXECUTE A SHIFT CHANGE** Conduct an incident briefing and report of current situation status o Announce a formal transfer of command o Report the Incident Action Plan for the next operational period	

State of California
Statewide Medical & Health Disaster Exercise
October 25, 2007
MASTER SEQUENCE OF EVENTS LIST
EMS PROVIDERS

Real Time	Scenario Time	Message Event #	Receiving Officer	Information Source	EMS Providers Message/Event	Anticipated Response
					o Replace off going personnel with oncoming personnel (or simulate a change of positions in the command centers)	
	1600 1600				**Conduct a Press Conference** o What community or governmental agencies should participate in the press conferences (e.g., public health department, healthcare facility officials, local government, and physicians)? o Who is the most appropriate person(s) to represent the EMS providers at the press conference(s) and who makes this decision? o How often should the press conferences be scheduled? o Where will the press conferences be convened within the community? o Who is the "lead" agency for the press conferences? o What steps have been taken to ensure a consistent message among the healthcare community and all levels of government agencies/officials? o Who makes the final decision about information to be conveyed when there is conflict among the responding agencies?	
	1630				**LONG TERM PLANNING/RECOVERY** Activate current processes and procedures to procure essential resources needed currently and the next 24 hours.	
	1630				If no processes or procedures exist, what possible actions and plans can be taken to procure the resources?	

State of California
Statewide Medical & Health Disaster Exercise
October 25, 2007
MASTER SEQUENCE OF EVENTS LIST
EMS PROVIDERS

Real Time	Scenario Time	Message Event #	Receiving Officer	Information Source	EMS Providers Message/Event	Anticipated Response
	1630				Can vendors be protected from exposure or provided prophylaxis to ensure delivery of needed resources?	
	1630				What resources and mechanisms are available to procure the needed supplies and equipment and who or what agency is contacted to provide those resources? o Intra-hospital resources o Inter-hospital resources o Community resources, including city and county o County resources, including the MHOAC in the EOC o Others	
	1630				What are the proper channels of communication and who or what agency is contacted to obtain those resources	
	1630				What non-medical resources may be needed in the event? (e.g., security, law enforcement, sanitation, water, transportation)	
	1645				Report EMS provider status to the MHOAC/OA EOC.	
	1700				**THE EXERCISE ENDS** Conduct an exercise debriefing with HCC and departmental staff immediately upon termination of the exercise. **Post exercise activities may include:** o Formal debriefing and incident review session with key personnel and the Emergency Preparedness Committee. o Development of an After-Action Report (AAR).	

State of California
Statewide Medical & Health Disaster Exercise
October 25, 2007
MASTER SEQUENCE OF EVENTS LIST
EMS PROVIDERS

Real Time	Scenario Time	Message Event #	Receiving Officer	Information Source	EMS Providers Message/Event	Anticipated Response
					o Development of a Corrective Action Plan (CAP), including timelines and deadlines for improvements. o Dissemination of the AAR and CAP to key internal and external stakeholders. o Planning for the next exercise.	

State of California
Statewide Medical & Health Disaster Exercise
October 25, 2007
MASTER SEQUENCE OF EVENTS LIST
LOCAL PUBLIC HEALTH DEPARTMENT

Real Time	Scenario Time	Message Event #	Receiving Officer	Information Source	Local Public Health Department Message/Event	Anticipated Response
	Pre-Event				**Pre-Event Discussion Points:** o How would your organization (hospital, clinic, EMS provider, or local public health department) be notified of security alerts and/or credible threats to healthcare infrastructure and who would the information come from? o What internal processes or procedures do you have to communicate sensitive information on a "need to know" basis? To whom would the information be communicated to in your organization? o When the Federal Homeland Security Threat Level is raised from Orange to Red, are there any activities that would be activated, including increased security measures? What internal and external notifications are activated? o What other agencies or organizations would it be imperative to make connections with and discuss protection of your critical infrastructure? o What other opportunities, issues, and challenges do you identify given this chain of events and in light of the elevation of the Homeland Security Threat Level to Red?	
October 25, 2007 – The Exercise Begins						
	0800				What epidemiological information or testing is needed from healthcare providers?	
	0800				How will the appropriate laboratory testing requirements be communicated to the hospitals?	

State of California
Statewide Medical & Health Disaster Exercise
October 25, 2007
MASTER SEQUENCE OF EVENTS LIST
LOCAL PUBLIC HEALTH DEPARTMENT

Real Time	Scenario Time	Message Event #	Receiving Officer	Information Source	Local Public Health Department Message/Event	Anticipated Response
	0800				How will the specimens be transported from the facilities to the public health laboratory, in accordance with applicable laws and regulations? How is chain of custody maintained in a large scale event?	
	0800				How will public health staff be dispatched to hospitals to conduct investigations? How many investigators are available for this and how long will it take to dispatch them?	
	0800				How will information about the outbreak be disseminated to healthcare providers, including non-hospital-based providers?	
	0800				What is the process for requesting hospitals to report bed counts and patient census, and what forms or mechanism are used to report this information?	
	0930				How will you respond to the concerns and information needs of the on and off-duty staff, patients, and visitors who are monitoring the news broadcasts?	
	0930				How will essential services be determined and provided in light or increased patient numbers and decreased staffing?	
	0930				Has your Public Information Officer/public affairs department been activated?	
	0930				The PIO must prepare a press release in collaboration with the JIC, local public health department, and local emergency management. What is your facility policy for the release of information and media briefings?	

State of California
Statewide Medical & Health Disaster Exercise
October 25, 2007
MASTER SEQUENCE OF EVENTS LIST
LOCAL PUBLIC HEALTH DEPARTMENT

Real Time	Scenario Time	Message Event #	Receiving Officer	Information Source	Local Public Health Department Message/Event	Anticipated Response
	0930				What issues does law enforcement interviewing patients and staff pose to the healthcare facility, staff, patients, local public health, and others?	
	0930				What policies and procedures are in place to guide and direct staff when dealing with law enforcement requests?	
	0930				How will law enforcement personnel interviewing patients be oriented to and provided with personal protective equipment? Are there additional precautions that should be taken or required (e.g., limiting or denying contact with infected patients)?	
	0930				Who will control and coordinate the release of information, access to the patients, and release of medical records?	
	0945				**All participants conduct a media briefing/press conference.** o Who will be the spokesperson(s) for the hospital? o How will pre-briefing planning be coordinated with health care and emergency management partners? o Where will the media briefing be conducted? o Who should attend the media briefing in addition to the spokespersons? o What information will be provided to the media? o How will the agency conducting the media briefing ensure the information is consistent with other response partners?	

State of California
Statewide Medical & Health Disaster Exercise
October 25, 2007
MASTER SEQUENCE OF EVENTS LIST
LOCAL PUBLIC HEALTH DEPARTMENT

Real Time	Scenario Time	Message Event #	Receiving Officer	Information Source	Local Public Health Department Message/Event	Anticipated Response
	1000				Until the infectious agent is positively identified, what actions, if any, can be taken by local public health to allay public anxiety and demonstrate government action?	
	1000				Given the possibility of a biological terrorism event, should the public health department begin to make provision for the implementation of mass prophylaxis?	
	1000				The public health department is receiving a large volume of calls for information and services. Is your department(s) able to receive and process the calls?	
	1000				The public knows the local health department has medications to treat the disease. How will you ensure the safety and security of the stockpiled equipment, supplies, and pharmaceuticals?	
	1000				What community mitigation measures might you consider prior to the identification of the infectious agent?	

State of California
Statewide Medical & Health Disaster Exercise
October 25, 2007
MASTER SEQUENCE OF EVENTS LIST
LOCAL PUBLIC HEALTH DEPARTMENT

Real Time	Scenario Time	Message Event #	Receiving Officer	Information Source	Local Public Health Department Message/Event	Anticipated Response
	1130				With the confirmation of *Yersinia pestis*, mass prophylaxis should be considered. o What are the decision making processes for activating mass prophylaxis plans and establishing Points of Dispensing (POD) in the community/county? o What staffing and logistical concerns does the activation of PODs present to the local or State health departments? o Weather conditions must be taken into account in the establishment of alternate care sites and/or PODS. How will this impact the plans?	
	1130				What is the process for requesting treatment/prophylaxis medications and critical patient care supplies and equipment from regional, state, and/or Federal resources?	
	1130				What are the triggers to activate standing orders and protocols, if they exist, for the implementation of mass prophylaxis? If they do not exist, what are the decision-making processes to implement mass prophylaxis?	
	1130				What recommendations will be provide to healthcare providers about the prioritization and allocation of prophylaxis medications? o For current patients (symptomatic)? o For exposed but asymptomatic staff? o As prophylaxis for staff at high risk for exposure (e.g., caring for infected patients, ED staff)? o For staff members families?	

State of California
Statewide Medical & Health Disaster Exercise
October 25, 2007
MASTER SEQUENCE OF EVENTS LIST
LOCAL PUBLIC HEALTH DEPARTMENT

Real Time	Scenario Time	Message Event #	Receiving Officer	Information Source	Local Public Health Department Message/Event	Anticipated Response
	1130				How will the information about PODs be communicated to healthcare providers for patient referral and to the public?	
	1130				Once a local public health emergency is declared by the health officer, how is this information disseminated to healthcare providers, government agencies, surrounding OAs, the Region, the State, and the public?	
	1130				How are you tracking potential employee exposures?	
	1130				Who makes the decision to open community-based alternate care sites and what other internal or externals agencies should be involved in the decision?	

State of California
Statewide Medical & Health Disaster Exercise
October 25, 2007
MASTER SEQUENCE OF EVENTS LIST
LOCAL PUBLIC HEALTH DEPARTMENT

Real Time	Scenario Time	Message Event #	Receiving Officer	Information Source	Local Public Health Department Message/Event	Anticipated Response
	1200				Additional community-based alternate care sites are needed to meet the community surge of patients and decompress the load on the acute care facilities in order to maintain critical resources for the acutely ill. What staffing and logistical challenges does the opening of alternate care sites present to local public health? o Should community alternate care sites be established to meet the surge? o How will you communicate the decision to open or not to open community-based alternate care site(s)? o If the alternate care sites are opened, what local government entity can provide large quantities of supplies and equipment? o If supplies, equipment, and staffing resources are not available locally, how will you obtain these resources from other entities? Who is responsible for contacting other agencies to obtain the resources? o What community resources are available to support operation of the alternate care site(s)?	
	1200				What other resources are available to your Laboratory Response Network (LRN) and your public health lab to assist with specimen processing and reporting?	
	1200				How is information shared and coordinated within the OA, region and state entities?	
	1200				How will the local public health department manage the asymptomatic or “worried well”?	

State of California
Statewide Medical & Health Disaster Exercise
October 25, 2007
MASTER SEQUENCE OF EVENTS LIST
LOCAL PUBLIC HEALTH DEPARTMENT

Real Time	Scenario Time	Message Event #	Receiving Officer	Information Source	Local Public Health Department Message/Event	Anticipated Response
	1230				**Statistics for the Operational Area (county):** o Number of patients admitted with possible pneumonic plague: _____ o Number of patients treated and triaged to home with symptomatic care, including mild symptoms, the asymptomatic/unexposed (e.g., worried well) and pre-symptomatic patients: _____ o Number of patients waiting to be seen: _____ o Estimated number of persons requiring mass prophylaxis: _____ Number of deceased: _____	
	1230				How will you develop risk communication messages to address the information and recommendation needs of healthcare providers?	
	1230				How rapidly (and realistically) can these messages be developed, approved, and disseminated?	
	1230				How will you collaborate with the Joint Information Center to ensure consistent messages?	

	1230				How will you disseminate the risk communication message and recommendations?
					o To healthcare providers?
					  o Hospitals
					  o Clinics and MD Offices
					  o EMS
					  o Long term care facilities
					  o Others
					o To the public?
					o To the media?
					o To government officials
					o Other responders?	

State of California
Statewide Medical & Health Disaster Exercise
October 25, 2007
MASTER SEQUENCE OF EVENTS LIST
LOCAL PUBLIC HEALTH DEPARTMENT

Real Time	Scenario Time	Message Event #	Receiving Officer	Information Source	Local Public Health Department Message/Event	Anticipated Response
	1330				What is the current situation status of the facility/service?	
	1330				What are the critical issues and resources?	
	1330				What are the operational objectives for the operational period of 3:30 pm until 11:00 pm?	
	1330				What staffing is needed?	
	1330				How are limited resources being allocated and prioritized? Who makes these decisions and how are they conveyed to the staff and community?	
	1330				How will the facility be staffed?	
	1330				How will the Department Operations Center be staffed? Can any positions be demobilized?	
	1330				What community "volunteer" resources can be utilized by your facility to assist with the surge of patients which are expected to continue for an extended period of time?	
	1330				How will you address the behavioral health/psychosocial needs of the staff, volunteers, physicians, and patients, including Critical Incident Stress Management/Debriefing (CISM/D)?	
	1330				How will your facility or service ensure business continuity, maintenance of those essential or critical services, and continue to provide community care services?	
	1330				How will your facility deal with the substantial increase in sanitation needs, demand for food/drink, and patient holding areas due to the patient surge?	

State of California
Statewide Medical & Health Disaster Exercise
October 25, 2007
MASTER SEQUENCE OF EVENTS LIST
LOCAL PUBLIC HEALTH DEPARTMENT

Real Time	Scenario Time	Message Event #	Receiving Officer	Information Source	Local Public Health Department Message/Event	Anticipated Response
	1330				**DEVELOP AN INCIDENT ACTION PLAN** o What other organizations or responders could/should also receive the Incident Action Plan (IAP) to facilitate communication and response among partners? o How will you communicate the IAP to the appropriate agencies? o From which agencies would it be helpful to receive their IAPs?	
	1500				**EXECUTE A SHIFT CHANGE** o Conduct an incident briefing and report of current situation status o Announce a formal transfer of command o Report the Incident Action Plan for the next operational period o Replace off going personnel with oncoming personnel (or simulate a change of positions in the command centers)	
	1600				Local public health has established mass prophylaxis clinics in the following locations: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6.	

State of California
Statewide Medical & Health Disaster Exercise
October 25, 2007
MASTER SEQUENCE OF EVENTS LIST
LOCAL PUBLIC HEALTH DEPARTMENT

Real Time	Scenario Time	Message Event #	Receiving Officer	Information Source	Local Public Health Department Message/Event	Anticipated Response
	1600				**CONDUCT A PRESS CONFERENCE** o What community or governmental agencies should participate in the press conferences (e.g., hospitals, EMS providers, clinics, healthcare facility officials, local government, and physicians)? o Who is the most appropriate person(s) to represent the healthcare facility at the press conference(s) and who makes this decision? o How often should the press conferences be scheduled? o Where should the press conferences be convened within the community? o Who is the "lead" agency for the press conferences? o What steps have been taken to ensure a consistent message among the healthcare community and all levels of government agencies/officials? Who makes the final decision about information to be conveyed when there is conflict among the responding agencies?	
	1630				**LONG TERM PLANNING/RECOVERY** Activate current processes and procedures to procure essential resources needed currently and the next 24 hours. If no processes or procedures exist, what possible actions and plans can be taken to procure the resources?	
	1630				Can vendors be protected from exposure or provided prophylaxis to ensure delivery of needed resources?	

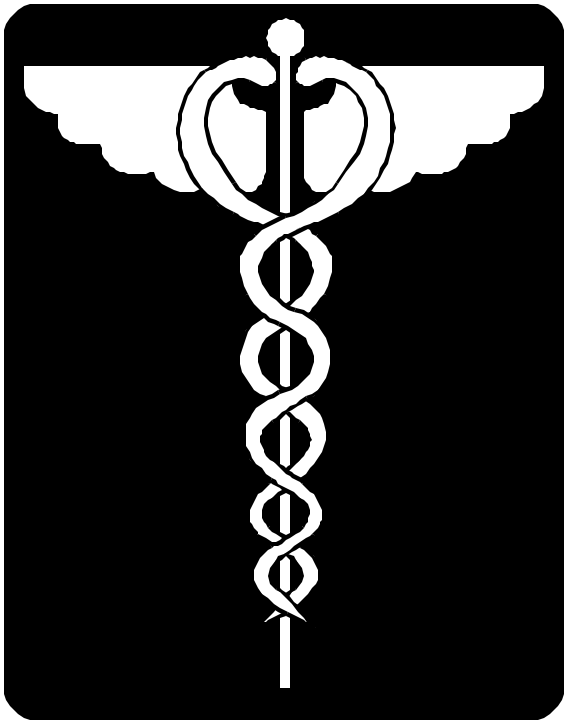
State of California
Statewide Medical & Health Disaster Exercise
October 25, 2007
MASTER SEQUENCE OF EVENTS LIST
LOCAL PUBLIC HEALTH DEPARTMENT

Real Time	Scenario Time	Message Event #	Receiving Officer	Information Source	Local Public Health Department Message/Event	Anticipated Response
	1630				What resources and mechanisms are available to procure the needed supplies and equipment and who or what agency is contacted to provide those resources? o Intra-hospital resources o Inter-hospital resources o Community resources, including city and county o County resources, including the MHOAC in the EOC o Others	
	1630				What are the proper channels of communication and who or what agency is contacted to obtain those resources?	
	1630				What non-medical resources may be needed in the event (e.g., security, law enforcement, sanitation, water, transportation)?	
	1630				How will you maintain evidence/chain of custody for the dead bodies resulting from the bioterrorism/mass casualty event?	
	1630				What non-medical resources may be needed in the event? (e.g., security, law enforcement, sanitation, water, transportation)	
	1645				Report clinic status to the MHOAC/OA EOC.	

State of California
Statewide Medical & Health Disaster Exercise
October 25, 2007
MASTER SEQUENCE OF EVENTS LIST
LOCAL PUBLIC HEALTH DEPARTMENT

Real Time	Scenario Time	Message Event #	Receiving Officer	Information Source	Local Public Health Department Message/Event	Anticipated Response
	1700				**THE EXERCISE ENDS** Conduct an exercise debriefing with HCC and departmental staff immediately upon termination of the exercise. **Post exercise activities may include:** o Formal debriefing and incident review session with key personnel and the Emergency Preparedness Committee. o Development of an After-Action Report (AAR). o Development of a Corrective Action Plan (CAP), including timelines and deadlines for improvements. o Dissemination of the AAR and CAP to key internal and external stakeholders. o Planning for the next exercise.	

Conducting the Exercise



Exercise Planning Assumptions

During planning of the 2007 Statewide Medical and Health Disaster Exercise, the following planning assumptions were used to develop the scenario and the guidebook:

- The target audience for this exercise is acute care hospitals, community clinics, public and private EMS providers, and local public health departments. The Guidebook is geared to and provides scenario prompts for those groups. Other healthcare providers and local emergency management are encouraged to participate, scripting scenario prompts to meet the organizations exercise objectives and participate in a community exercise.

- The exercise scenario focuses on the following elements of response to and recovery from a patient surge event:
    - Activation of surge plans including alternate care sites and augmentation of personnel
    - Resource management (e.g., equipment, supplies, pharmaceuticals)
    - Activation of MOUs and other support agreements
    - Activation of security plans and use of Internal and external security forces
    - Management of public information, including conducting a media briefing/press conference
    - Exercise Incident action planning, transfer of command in the Hospital Command Center, and shift change processes

- Due to the compressed timeframe of the exercise, there are multiple activities, actions and decision-making events scripted early in the scenario/events. In an actual event, the events in the scenario would occur over days, and not in 12 hours. This artificiality is built into the scenario to stimulate play and exercise surge plans.

- Regional and State governmental agencies (e.g., Regional Emergency Operations centers, Joint Emergency Operations Center, State Operations Center) are not participating in the exercise this year. Therefore, operational areas and local participants may plan for the simulation of these agencies to enhance the exercise play.

- Auxiliary Communications Systems (ACS) are not activated during this scenario. However, participants may activate internal and/or external systems to exercise and test ACS during the exercise.

- The Intelligence messages included in the exercise are intended to test communications of intelligence messages to healthcare providers. The California intelligence community/agencies are not participating in the exercise, so the communication of intelligence is being simulated. Pre-exercise intelligence messages will be distributed to healthcare providers through CDPH, EMSA, and CHA to simulate the system. Two different messages will be distributed on Monday, October 22nd and on Wednesday, October 24th.

Pre-Exercise Activities

Preparing the Materials

Obtain the 2007 Statewide Medical & Health Disaster Exercise Guidebook for the October 25, 2007 exercise from the Emergency Medical Services Authority at http://www.emsa.ca.gov/dms2/dms_exercises.asp.

Notifying the Operational Area (OA) Exercise Coordinator of Intent to Participate

Exercise participants should report their intent to participate in the 2007 Statewide Medical and Health Disaster Exercise no later than September 28, 2007, using the Intent to Participate form on page 101. The participant will fax the Intent form to the OA Exercise Contact at the number listed on page 146.

The OA Exercise Contact is encouraged to communicate with the RDMHS about the number and level of exercise participants in the OA. Note, this year, there is no OA Exercise Contact report required to be completed and submitted to the RDMHS.

Exercise Planning in the OA

The OA Exercise Coordinator may convene meetings with OA exercise participants to plan and coordinate the exercise. Exercise participants should contact their OA Exercise Contact (see page 146) to discuss OA planning and coordination.

The exercise participant should prepare an exercise contact list for their organization for the OA Exercise Contact. Examples of numbers to provide include the Hospital Command Center (HCC), the facility exercise coordinator, the Incident Commander, and other key contacts.

- ❑ Invite other participating agencies, departments or organizations to briefings or training for the exercise.
- ❑ Contact and update other agencies, departments or organizations about any last-minute changes in participation or communications.
- ❑ Assist the participants in finding community volunteers to participate in the exercise to increase realism in the play.
- ❑ Complete HICS Form 258: Hospital Resource Directory to identify critical resources.

Other Recommended Contacts and Participants in the Operational Area

Expanding the exercise in your OA is strongly recommended and encouraged. The following entities can be considered for involvement in the exercise, if possible:

- ✓ Clinics/clinic consortiums
- ✓ Ambulance providers
- ✓ Skilled nursing/long-term care facilities
- ✓ MMRS (if applicable in the city/OA)
- ✓ Local law enforcement
- ✓ Local fire departments
- ✓ Local schools and/or school officials (even if only in a tabletop)
- ✓ Medical Examiner/Coroner
- ✓ 911 Dispatch Center
- ✓ Local Terrorism Early Warning Groups
- ✓ Environmental Health
- ✓ Public Utilities
- ✓ OA Office of Emergency Services
- ✓ American Red Cross
- ✓ Others as identified by the scenario or the unique OA entities

Coordination with the Media

Collaborate with the organizations Public Affairs Department and the other participant Public Information Officers (PIO) to determine how the "real-life" (not the exercise simulated) media will be addressed during the planning process (media or press releases), during the exercise (press briefings and conferences, written risk communication messages), and post exercise (communicating the success of your community-wide exercise). Prepare media releases in advance and sound bites can even be pre-recorded. For examples of a media release, see page 104.

Scheduling Personnel, Space, and Equipment

It is recommended that facility and organization staff assigned to the exercise are notified well in advance to coordinate their schedules and plan for participation. For critical exercise positions or assignments, consider scheduling back-up staff that are also briefed and trained prior to the exercise.

- Announce the exercise date on local agencies/departments calendars, in-house publications or computer schedules so all involved personnel save the date when they are scheduling other activities.
- Identify and reserve the exercise location/space before the exercise.
- Assess the exercise area to make sure construction or other changes do not hinder the layout for performance of the exercise (e.g., removal of the phone lines from the room, or removal of chairs and tables.)
- Develop a checklist of equipment you will need to support the exercise.
- Check all equipment for proper functioning and operation before the exercise.

Developing Local Scenarios

The scenario in the 2007 Statewide Medical & Health Disaster Exercise Guidebook details a sequence of events to be used by participants. This sequence provides the overall anticipated schedule of activities that all participants will incorporate into the community exercise. Local agencies and departments may alter the scenario to meet their exercise objectives. The scenario is also developed to allow customization at the hospital and local level in regards to overall patient numbers and existing policies.

Exercise Day Activities

Pre-Exercise Survey of Resources

Changes often occur at the last minute and can interfere with a successful exercise. Organize a team of "checkers" who do nothing more than check facility readiness, materials, storage lockers, phones, fax machines and other communications systems the evening before and the morning of the exercise.

Briefing of Participants

Provide participating personnel with job action sheets, background information, organizational charts, pertinent policies and procedures, and role expectations before the exercise begins to increase participant comfort level and exercise success. At the minimum, the facility should be aware of the exercise in progress.

"This Is An Exercise!"

During the briefings, and throughout the exercise, it is very important to emphasize "this is an exercise" to all participants, agencies, and departments. Written materials and scripts should denote "Exercise only", or "This is an Exercise". Oral communications should be proceeded and end with "This is an exercise".

Facility Signage

It is important to notify staff, patients, and visitors that an exercise in being conducted. Consider posting large signs at facility entrances and in key locations around the facility stating "*Disaster Exercise in Progress*" or similar language, to inform people of the event. Staff on-duty at the information desks in the entrance to the facility should also be given exercise information to inform visitors and others entering the facility about the exercise.

Exercise Safety

If exercise play within your facility includes volunteers or staff playing the role of casualties, you must activate an exercise safety officer to ensure safe conduct of the exercise. This should include a designated "code word" for the exercise volunteers to use in case of an unsafe or uncomfortable situation. The Exercise Safety Officer will notify the Lead Exercise Controller to temporarily suspend exercise play until the situation is resolved. In addition, volunteers should have proper identification and clear instructions on their role and scope of participation.

HICS Forms

If your facility has been trained in the use of the (new) HICS forms for incident action planning, stock these in your Hospital Command Center for use in the exercise. Forms are available on the EMSA web site at www.emsa.ca.gov/hics/hics.asp. These forms should be used in developing, documenting and communicating your Incident Action Plan for each operational period.

Terminating the Exercise for an Actual Emergency

Should there be a need to totally stop the exercise due to a real-time situation or event, the organization's exercise controller will give a "**Terminate the Exercise**" order and all exercise should be immediately terminated until the situation can be determined.

There may be situations where a real-time event, participant injury, or other situation may occur where the exercise should be stopped only in that area of play, but not necessarily the entire exercise. The exercise controller will announce a "**Pause the Exercise in [name of area or department]"** to pause the play until the situation can be addressed.

Reporting Situation/Status Information to the OA

Each participating agency will compile situation and status information utilizing their own operational area forms and submit reports according to OA policies.

Conducting the 2007 Exercise
Tips for Hospitals

This year, the Medical and Health Disaster Exercise scenario is providing participants with an opportunity to expand their facility-wide exercise. Many times, the drills and tabletops conducted have focused on the emergency department (ED) and emergency services and have not impacted all units and/or departments in the facility. This year, the scenario focuses on the entire healthcare facility and its ability to manage a large influx of patients and address the allocation of scarce resources including staffing, beds, equipment, supplies, services (e.g., laboratory) and pharmaceuticals.

There are different types of exercises you can conduct, including tabletop, functional, and full scale (see glossary for definition of exercises, page 133). Each of these exercises can test your response and management of a patient surge event.

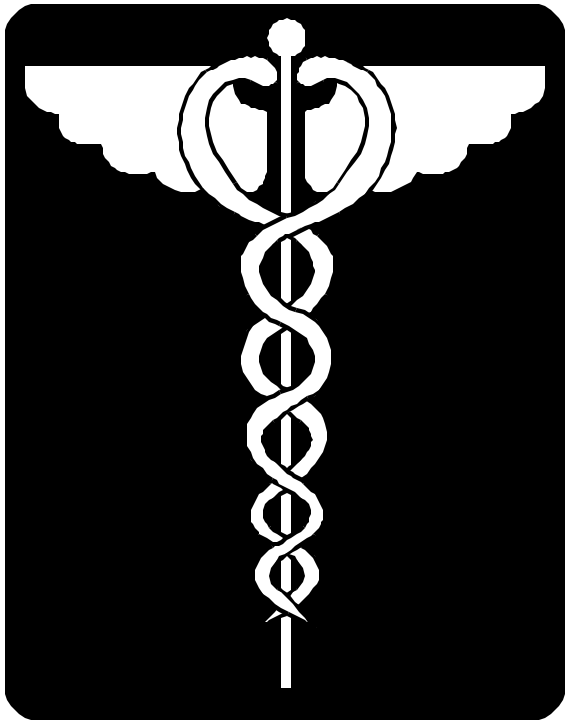
The following are some recommendations to achieve hospital-wide participation in the exercise:

- Activate the Emergency Operations Plan (EOP), the Hospital Command Center (HCC) and the Hospital Incident Command System (HICS) to manage the event and address the policy issues as described in the scenario. Incorporate into the activation personnel who may not have previously played a role in the HCC, such as infectious disease practitioners, epidemiologists, Infection Control staff, occupational health staff and others.
- Utilize the HICS Forms for development of your hospital incident action plan.
- Activate high census plans in all departments and move "live" volunteer patients, or paper patients as appropriate to vacate beds and accept new patients.
- Mobilize the infectious disease practitioners/infection control department to assist in determining facility priorities, patient care management, staff protection and reporting to local public health.
- Select a department or unit within the facility to cohort infectious patients. (See glossary page 133 for definition of cohorting.) Task engineering to devise a plan to isolate the Heating, Ventilation and Air Conditioning (HVAC) system for the designated area and task nursing to plan for setting up supplies and equipment set up and staffing the unit.
- Test the callback (staff notification) systems and lists, update lists and procedures as appropriate.
- Activate and practice "just-in-time" fit testing of N-95 masks and medical screening of employees to ensure employee protection in caring for infectious patients. The "fit testing" should include clinical and non-clinical support staff (e.g., housekeeping, dietary, engineering, security).
- Inventory all linen, nutritional supplies (food) and environmental services equipment and supplies to determine if additional quantities will be needed for the large patient influx and high patient census.
- Activate internal and external security plans and institute traffic control measures, visitor access and set up perimeter barricades, etc.
- Prepare a plan to "lock down" the facility defining under what authority, when and how a "lock down" would occur and when the "lock down" would be discontinued. Review the ability to maintain ongoing ED services in the event of a lock-down and the ability to receive ambulance traffic and walk-in patients.

- Implement hospital lab procedures to manage specimens from infectious patients in large numbers, including laboratory staffing, specimen prioritization and processing, and communication with local public health/Laboratory Response Network (LRN). Mock up the proper packaging and secure shipping of specimens to the local public health laboratory through the Laboratory Response Network.
- Arrange for the influx of patients using "live" volunteer patients (or paper patients) presenting at the ED as described in the scenario.
- Stage a convergence of volunteers into the facility offering clinical and non-clinical assistance with live persons (or paper volunteers). How will the facility deal with and manage these well-meaning volunteers presenting? How will the licensing and credentialing issues be dealt with?
- Assess quantities of pharmaceuticals (antibiotics) available in the facility to treat pneumonic plague.
- Develop or activate existing plans to provide prophylaxis to hospital staff. Determine priority of hospital staff treatment based on available antibiotics on site, distribution site(s) within the hospital, and tracking and follow-up for staff receiving prophylaxis.
- Institute procedures in business office and patient registration to manage an overwhelming number of patients and implement Hospital Information System/ Information Technology emergency policies and procedures to accommodate the business needs of the facility.
- Activate your media relations or public information officer to respond to multiple media calls for information and/or convergence of media into your facility.
- Assess your capability to track patients throughout the hospital, including the hospital-based alternate care sites and to other patient care destinations, in accordance with applicable law and regulations.
- Activate your business continuity plan to return to normal or near-normal operations.
- Activate your hospital or community joint information system for risk communication and messaging.

These are only a few of the ideas to conduct a successful exercise to engage and involve multiple units/departments in a hospital. Use your imagination and be creative in your planning for the 2007 Statewide Medical and Health Disaster Exercise!

Intent to Participate
&
Reporting Participation



State of California
Statewide Medical & Health Disaster Exercise
October 25, 2007

INTENT TO PARTICIPATE
Please complete this form to indicate your intent to participate in the exercise.

FAX THIS FORM TO THE OPERATIONAL AREA EXERCISE CONTACT (LISTED IN PAGE 146) BY FRIDAY, SEPTEMBER 28, 2007.

Type of Provider: ☐ Hospital ☐ Community Clinic ☐ Ambulance

☐ Public Health Department ☐ Other: _____

Name of Facility or Provider: _____

Address: _____

City _____ Zip _____

County: _____

Exercise Coordinator or Contact: _____

Telephone #: _____ Fax #: _____

E-mail: _____

There are many levels of participation in the October 25, 2007 exercise, including:

☐ Full-scale exercise
☐ Functional exercise *(See Glossary for exercise definitions)*
☐ Table top exercise
☐ Communications exercise
☐ Other (specify): _____

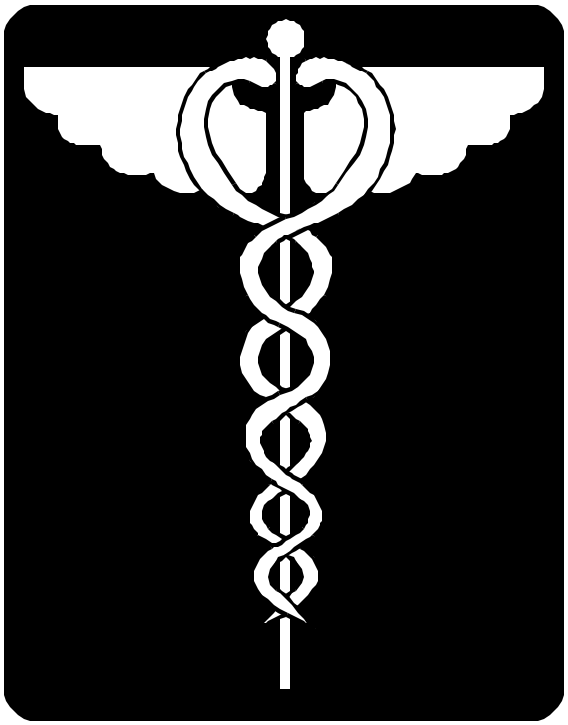
Time and Number of Hours of exercise play: Time: # Hours:

Please complete this form for each healthcare facility, ambulance provider or entity participating in the exercise. If you are a multiple facility or multi-campus facility, complete **one "*Intent to Participate" Form* for each individual facility** participating.

The form may be duplicated for this purpose.

FAX THIS FORM TO THE OPERATIONAL AREA EXERCISE CONTACT (LISTED IN PAGE 146) BY FRIDAY, SEPTEMBER 28, 2007.

Sample Media Release



State of California
Statewide Medical & Health Disaster Exercise
October 25, 2007

Your logo
Or
Letterhead
Here

Sample
Public Information Officer
Media Advisory

Statewide Medical and Health Disaster Exercise
October 25, 2007

Date: October XX, 2007

Contact: Jane Doe
(XXX) XXX-XXXX

What: California is conducting its ninth annual Statewide Medical & Health Disaster Exercise. Hospitals, ambulance providers, public health departments and local governmental agencies across the state will voluntarily participate in the exercise. The scenario for the exercise is a biological event with *Yersinia pestis* (or plague). The objective is to exercise the response of healthcare providers and governmental agencies to manage the influx of large numbers of ill and infectious patients.

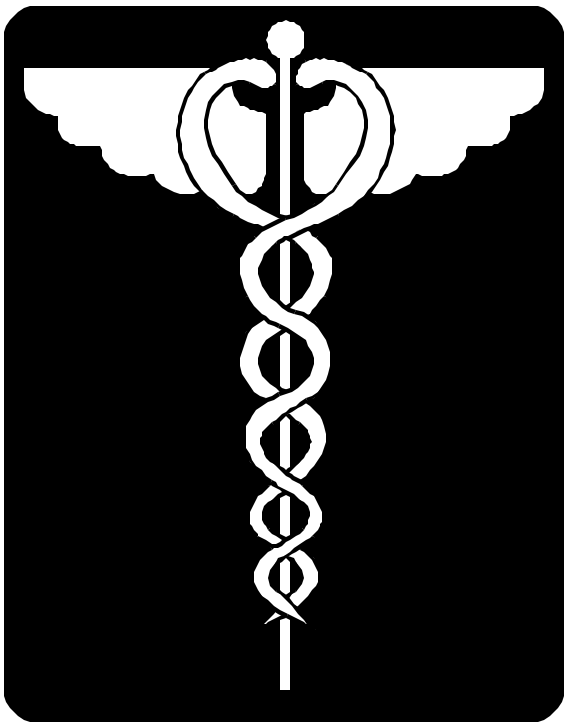
When: Thursday, October 25, 2007 from 5:00 am to 5:00 pm

Where: In hospitals, community clinics, public health departments, Emergency Medical Services (EMS)/ambulance services, and local governmental agencies throughout the State of California.

Who: Exercise planners and supporters of this exercise include the California Department of Public Health, Emergency Medical Services Authority, the California Hospital Association, hospitals, community clinics, local EMS agencies, and local public health departments.

Background: Participating in this exercise will help California healthcare organizations and its communities to be better prepared to respond to an actual disaster, should one occur. Hospital participation in this exercise also qualifies as a formal disaster drill with an influx of patients and involvement in community-wide planning and exercising as defined by The Joint Commission. Participation in this exercise also meets some exercise requirements as set forth in Federal and State grants.

Evaluating The Exercise



Exercise Evaluation

Exercise Evaluation Tools

Exercises must be evaluated to measure performance and identify corrective actions. Exercises are critiqued to identify deficiencies and opportunities for improvement based upon monitoring activities and observations during the exercise (Joint Commission E.C. 4.20, B15.)

Using and/or adapting existing tools can facilitate exercise evaluation. Exercise evaluation can assist organizations to identify:

- Needed improvements in the Emergency Management Program, Emergency Operations Plan, procedures, or guidelines
- Enhanced collaboration and cooperative planning with community agencies (community-wide planning)
- Needed improvements in the emergency management system, including the incident command and control
- Training and staffing deficiencies
- Whether the exercise has achieved its objectives
- Needed equipment, supplies or services
- Needs for continued exercises on the plan or its functions

An evaluation tool to consider is the Homeland Security Exercise and Evaluation's *Exercise Evaluation Guides*. These guides are used nationally to evaluate exercises and several of the guides pertain to healthcare. Information about EEGs can be found at https://hseep.dhs.gov/EEGsAbout.htm, and a library of available EEGs at https://hseep.dhs.gov/EEGSListings.htm.

Conducting a Player Hotwash

(This information and the following form is from the Homeland Security Exercise and Evaluation Program, Volume III: Exercise Evaluation and Improvement Planning. The information can be found at https://hseep.dhs.gov/.)

Immediately after an exercise, evaluators (or team of evaluators and controllers) should debrief the players and controllers in his/her observed discipline, either separately or as a large group. This facilitated discussion, referred to as a *hotwash*, allows players to engage in a self-assessment of their exercise play and provides a general assessment of how the entity performed in the exercise. The hotwash also provides evaluators with the opportunity to clarify points or collect any missing information from players before they leave the exercise venue. The hotwash is conducted as soon as possible after the exercise, usually the same day. In exercises with several venues, separate hotwashes may take place at each location. A hotwash is led by an experienced facilitator who can ensure that the discussion remains brief and constructive, and who can focus conversation on strengths and areas for improvement.

During the hotwash, evaluators may distribute Participant Feedback Forms (see example on following pages to obtain information on perceptions of the exercise, how well each player thought his/her unit performed, and how well the unit integrated performance with other agencies and other exercise components. The questions on the Participant Feedback Form can also be used to conduct a verbal hotwash, rather than written.

The information can provide insight into why events happened the way they did or why some expected actions did not take place. Participant Feedback Forms are collected at the end of the hotwash and reviewed by the evaluation team to augment existing information. Participant

Feedback Forms also serve to solicit general feedback on exercise quality, which can be provided to the exercise planning team to help implement improvements in future exercises. A summary of Participant Feedback Forms can be included as an optional appendix within an after-action report/corrective action plan.

Tips for Conducting a Successful Hotwash or Debriefing

- The hotwash should be conducted by an exercise controller or exercise planner who is well informed about the exercise scenario and objectives.
- A successful hotwash facilitator should stay within the time allotted for the debriefing, encourage participation from all members of the group, and be proficient in conflict resolution. Be prepared for negative comments about the exercise and the overall emergency management program. Exercises can be stressful for participants and they may share their concerns and frustrations. Be patient, non-judgmental, and listen with an open mind.
- Appoint a scribe: the hotwash facilitator should focus on that role and not on note taking.
- Keep a sign in sheet with name, department, area of assignment for the exercise and the role played (e.g., participant, controller, evaluator, victim).
- Set the tone for the hotwash/debriefing: make it positive and non-threatening. Many hotwashes focus on identifying "what worked, what did not work". Begin by focusing on the positive: "what worked". Ask participants to identify those areas they felt worked well, looking for innovative approaches in response and problem solving
- When participants get off track during the hotwash, refer to the objectives and the purpose of the debriefing. Acknowledge participants concerns, and refer them to the evaluation sheets as a method for voicing and documenting issues.
- Use humor to keep on time and on track.
- Keep on an eye on the audience: look for those individuals who are having difficulty finding an opportunity to speak.
- Use the objectives to move the discussion: refer to a specific objective and ask for input.
- When concluding the hotwash, identify the next steps to be taken
    - All verbal and written comments will be reviewed
    - Action items will be identified and an action plan developed
    - Educational issues will be identified and addressed

State of California
Statewide Medical & Health Disaster Exercise
October 25, 2007

PARTICIPANT FEEDBACK FORM

Exercise Name: [Exercise Name] **Exercise Date:** [Date]

Participant Name: _____ **Title:** _____

Agency: _____**Role:** __Player __Controller __Evaluator __Observer

Part I – Recommendations and Action Steps

1. **Based on the exercise today and the tasks identified, list the top 3 issues and/or areas that need improvement.**

_____

_____

_____

_____

2. **Identify the action steps that should be taken to address the issues identified above. For each action step, indicate if it is a high, medium, or low priority.**

_____

_____

_____

_____

3. **Describe the action steps that should be taken in your area of responsibility. Who should be assigned responsibility for each action item?**

_____

_____

_____

_____

4. **List the equipment, training or plans/procedures that should be reviewed, revised, or developed. Indicate the priority level for each.**

_____

_____

_____

_____

Part II – Exercise Design and Conduct

1. What is your assessment of the exercise design and conduct?

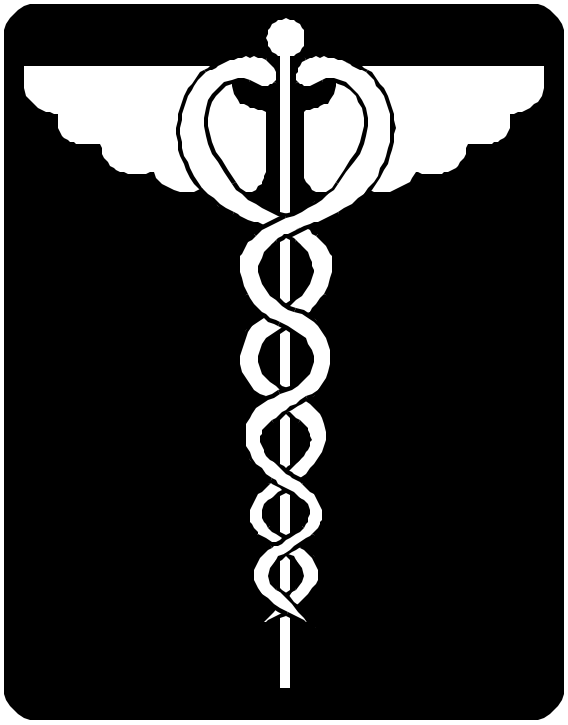
*Please rate, on a scale of 1 to 5, your overall assessment of the exercise relative to the statements provided below, with **1** indicating **strong disagreement** with the statement and **5** indicating **strong agreement.***

		Rating of Satisfaction with Exercise				
	Assessment Factor	*Strongly Disagree*				*Strongly Agree*
a.	The exercise was well structured and organized.	1	2	3	4	5
b.	The exercise scenario was plausible and realistic.	1	2	3	4	5
c.	The documentation used during the exercise was a valuable tool throughout the exercise.	1	2	3	4	5
d.	Participation in the exercise was appropriate for someone in my position.	1	2	3	4	5
e.	The participants included the right people in terms of level and mix of disciplines.	1	2	3	4	5

2. What changes would you make to improve this exercise?

Please provide any recommendations on how this exercise or future exercises could be improved or enhanced.

Master Answer Sheets
&
Evaluation Questions



State of California
Statewide Medical & Health Disaster Exercise
October 25, 2007

ACUTE CARE /HOSPITAL FACILITY
MASTER ANSWER SHEET – PAGE 1 OF 2

Complete this Master Answer Sheet for responses to the Acute Care/Hospital Facility Exercise Evaluation Questions and mail *ONLY THESE TWO PAGES* to the address below.
NOTE: THESE MAY BE COMPLETED ON THE COMPUTER AND PRINTED

Hospital/Healthcare Facility Name: _____

Address: _____

City: _____ Zip: _____

Operational Area: _____ (See map on page 152)

Disaster Coordinator/Evaluator Name: _____

Telephone #: _____ Fax #: _____

E-mail: _____

CHECK/ENTER THE APPROPRIATE ANSWERS

Question 1: ☐ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G

Question 2: ☐ A ☐ B ☐ C ☐ D

Question 3: ☐ A ☐ B ☐ C

Question 4: ☐ Fully met ☐ Partially met ☐ Did not meet ☐ Not applicable/Not Exercised

Question 5: ☐ Fully met ☐ Partially met ☐ Did not meet ☐ Not applicable/Not Exercised

Question 6: ☐ Fully met ☐ Partially met ☐ Did not meet ☐ Not applicable/Not Exercised

Question 7: ☐ Fully met ☐ Partially met ☐ Did not meet ☐ Not applicable/Not Exercised

Question 8: ☐ Fully met ☐ Partially met ☐ Did not meet ☐ Not applicable/Not Exercised

Question 9: ☐ Fully met ☐ Partially met ☐ Did not meet ☐ Not applicable/Not Exercised

Question 10: ☐ Fully met ☐ Partially met ☐ Did not meet ☐ Not applicable/Not Exercised

Question 11: ☐ Fully met ☐ Partially met ☐ Did not meet ☐ Not applicable/Not Exercised

Question 12: ☐ Fully met ☐ Partially met ☐ Did not meet ☐ Not applicable/Not Exercised

Question 13: ☐ Fully met ☐ Partially met ☐ Did not meet ☐ Not applicable/Not Exercised

Question 14: ☐ Fully met ☐ Partially met ☐ Did not meet ☐ Not applicable/Not Exercised

State of California
Statewide Medical & Health Disaster Exercise
October 25, 2007

ACUTE CARE /HOSPITAL FACILITY
MASTER ANSWER SHEET – PAGE 2 OF 2

NAME OF FACILITY: _____

Question 15: ☐ Fully met ☐ Partially met ☐ Did not meet ☐ Not applicable/Not Exercised

Question 16: ☐ Fully met ☐ Partially met ☐ Did not meet ☐ Not applicable/Not Exercised

Question 17: ☐ Fully met ☐ Partially met ☐ Did not meet ☐ Not applicable/Not Exercised

Question 18: ☐ A ☐ B - What other objective? _____

Question 19: ☐ A ☐ B ☐ C

Question 20: ☐ A ☐ B ☐ C

Question 21: ☐ A ☐ B ☐ C

Question 22: ☐ A ☐ B ☐ C

Question 23: ☐ A ☐ B ☐ C

Question 24:

☐ Area hospitals ☐ Community clinics ☐ Local public health ☐ Local OES
☐ EMS Providers ☐ Law Enforcement ☐ Long-term Care Facilities
☐ Coroner/medical examiner ☐ Terrorism Early Warning groups
☐ 911 dispatch centers ☐ Local school districts
☐ Non-governmental agencies (e.g., American Red Cross, religious organizations)
☐ Other: (specify)

Question 25: ☐ A ☐ B ☐ C

Question 26: ☐ A ☐ B ☐ C

Question 27: ☐ A ☐ B ☐ C ☐ D ☐ E

Question 28: ☐ 0500–0700 ☐ 0700-0900 ☐ 0900-1100 ☐ 1100-1300
☐ 1300-1500 ☐ 1500-1700 ☐ Other: _____

Question 29: ☐ A. No, the messages were injected by the hospital.
☐ B. Yes. The information originated from: _____

Question 30: ☐ A ☐ B ☐ C

Mail by NOVEMBER 9, 2007 to:
Emergency Medical Services Authority
1930 9th Street
Sacramento, CA 95814
Attn: Statewide Exercise Evaluation

State of California
Statewide Medical & Health Disaster Exercise
October 25, 2007

HOSPITAL AND HEALTHCARE SYSTEM EXERCISE EVALUATION QUESTIONS

Please use the attached **Master Answer Sheet** when recording your responses. Be sure to complete every question before submitting the Master Answer Sheet (page 111). Certificates for Participation will be provided only upon receipt of the 2007 Exercise Participation Evaluation Master Answer Sheet.

1. Circle the single best answer which describes your facility.
   - A. Acute care hospital with a basic or comprehensive emergency department
   - B. Acute care hospital with a stand-by emergency department
   - C. Acute care hospital with no emergency department
   - D. Psychiatric hospital
   - E. Specialty care hospital
   - F. Long-term care facility
   - G. Other

2. Please indicate the level of participation of your facility during the exercise. (See Glossary on Page 133 for definitions of exercises.)
   - A. Full Scale Exercise
   - B. Functional Exercise
   - C. Tabletop Exercise
   - D. Communications Exercise

3. Does your hospital utilize the Hospital Incident Command System (HICS) or the Hospital Emergency Incident Command System (HEICS)?
   - A. Yes
   - B. No
   - C. For information on HICS: visit www.emsa.ca.gov/hics/hics.asp

4. Objective I: Pre-Exercise Event: Did you plan for and integrate your exercise with community response partners? (Detail partners in Question 23)

   ☐ Fully met ☐ Partially met ☐ Did not meet ☐ Not applicable/Not Exercised

5. Objective II: Did you activate the Emergency Operations Plan and the incident command system (e.g., HICS)?

   ☐ Fully met ☐ Partially met ☐ Did not meet ☐ Not applicable/Not Exercised

6. Objective III: Did you exercise the hospital's surge plans to expand capacity and manage a large influx of patients?

   ☐ Fully met ☐ Partially met ☐ Did not meet ☐ Not applicable/Not Exercised

7. Objective IV: Did you activate hospital-based alternate care sites?

   ☐ Fully met ☐ Partially met ☐ Did not meet ☐ Not applicable/Not Exercised

HOSPITAL AND HEALTHCARE SYSTEM EXERCISE EVALUATION QUESTIONS

8. Objective V: Did you track patients throughout the hospital campus including alternate care sites?

☐ Fully met ☐ Partially met ☐ Did not meet ☐ Not applicable/Not Exercised

9. Objective VI: Did you communicate response efforts to staff, patients, their families and external agencies using appropriate forms and status reports?

☐ Fully met ☐ Partially met ☐ Did not meet ☐ Not applicable/Not Exercised

10. Objective VII: Did you exercise the provision of prophylaxis to hospital staff, physicians, volunteers, current patients and others as appropriate?

☐ Fully met ☐ Partially met ☐ Did not meet ☐ Not applicable/Not Exercised

11. Objective VIII: Did you exercise plans, policies and procedures to augment personnel resources during a prolonged surge event, including the use of volunteers and community resources?

☐ Fully met ☐ Partially met ☐ Did not meet ☐ Not applicable/Not Exercised

12. Objective IX: Did you exercise resource management, including the allocation of scarce resources (e.g., ventilators, negative-pressure isolation capacity, personal protective equipment, critical care beds, pharmaceuticals)?

☐ Fully met ☐ Partially met ☐ Did not meet ☐ Not applicable/Not Exercised

13. Objective IX: Did you communicate hospital needs to outside sources (e.g., vendors) in order to ensure the supply chain?

☐ Fully met ☐ Partially met ☐ Did not meet ☐ Not applicable/Not Exercised

14. Objective X: Did you exercise plans to secure the hospital facility and grounds to protect staff, volunteers, physicians, patients, visitors, and assets using internal and external resources?

☐ Fully met ☐ Partially met ☐ Did not meet ☐ Not applicable/Not Exercised

15. Objective XI: Did you exercise hospital laboratory policies and procedures to communicate to the local public health laboratory and/or local Laboratory Response Network (LRN) to determine appropriate specimen/sample preparation and shipment to the LRN laboratory?

☐ Fully met ☐ Partially met ☐ Did not meet ☐ Not applicable/Not Exercised

HOSPITAL AND HEALTHCARE SYSTEM EXERCISE EVALUATION QUESTIONS

16. Objective XII: Did you exercise information management plans and develop public information messages consistent with local authorities (Operational Area Joint Information Center) and other healthcare providers for internal (current patients, staff, volunteers, physicians, visitors) and external dissemination (media, others)?

☐ Fully met ☐ Partially met ☐ Did not meet ☐ Not applicable/Not Exercised

17. Objective XIII: Did you exercise the activation of MOUs or other support agreements between the hospital and community partners, private entities, vendors and/or others?

☐ Fully met ☐ Partially met ☐ Did not meet ☐ Not applicable/Not Exercised

18. Did you develop and implement another objective for the exercise?

A. No, the exercise objectives stated in the guidebook were used.
B. Yes. What objective? _____

19. Did you extract various "modules" from the 12-hour exercise scenario to create an exercise for your organization to meet your exercise objectives?
A. Yes, we used multiple modules to create our own exercise.
B. No, we used the scenario as written.
C. Don't know.

20. Did you conduct a shift change during the exercise?
A. Yes
B. No
C. Don't know

21. Did you conduct and document incident action planning in the Hospital Command Center (HCC)?
A. Yes
B. No
C. Don't know

22. Did you conduct a media briefing/press conference during the exercise?
A. Yes
B. No
C. Don't know

23. Did you exercise your mass fatality plans?
A. Yes
B. No
C. Don't know

HOSPITAL AND HEALTHCARE SYSTEM EXERCISE EVALUATION QUESTIONS

24. What other community response partners did you exercise with? (Check all that apply)

☐ Area hospitals ☐ Community clinics ☐ Local public health ☐ Local OES
☐ EMS Providers ☐ Law Enforcement ☐ Long-term Care Facilities
☐ Coroner/medical examiner ☐ Terrorism Early Warning groups
☐ 911 dispatch centers ☐ Local school districts
☐ Non-governmental agencies (e.g., American Red Cross, religious organizations)
☐ Other: (specify)

25. Was the guidebook useful in planning your exercise?
A. Yes
B. No
C. Don't know

26. Was the scenario realistic and allow for testing of the surge plan?
A. Yes
B. No
C. Don't know

27. How many total hours did you conduct an exercise in your facility?
A. 1 - 4 hours
B. 5 - 6 hours
C. 7 - 8 hours
D. 8 - 10 hours
E. 11 - 12 hours

28. What time did you exercise? (Check all that apply)
☐ 0500–0700 ☐ 0700-0900 ☐ 0900-1100 ☐ 1100-1300

☐ 1300-1500 ☐ 1500-1700 ☐ Other: ☐ _____

29. Did you receive the exercise scenario intelligence messages disseminated on 10-22 and 10-24-07?

A. No, the messages were injected by the hospital.
B. Yes. The information originated from: _____

30. The Statewide Medical and Health Disaster Exercise is conducted annually in the fall. There is a recommendation to move the exercise to Spring (April or May) instead of the fall each year. This would allow medical and health providers to exercise collaboratively, but to also avoid conflicts with Golden Guardian and other annual fall events. Would you support this change and exercise in Spring?

A. Yes, I would support a Spring exercise and participate
B. No, I would not support a Spring exercise, leave the exercise in the fall
C. Other (describe on back of Master Answer Sheet)

State of California
Statewide Medical & Health Disaster Exercise
October 25, 2007

HOSPITAL AND HEALTHCARE SYSTEM EXERCISE EVALUATION QUESTIONS

Additional Comments and Recommendations?
Please write additional comments on the back of the Master Answer Sheet and attach additional pages as needed. We very much appreciate your feedback!

Complete the Master Answer Sheet on page 111 and mail to:

Emergency Medical Services Authority
1930 9th Street
Sacramento, CA 95814
Attn: Statewide Exercise Evaluation

State of California
Statewide Medical & Health Disaster Exercise
October 25, 2007

COMMUNITY CLINIC
MASTER ANSWER SHEET
PAGE 1 OF 2

Complete this Master Answer Sheet for responses to Community Clinic Exercise Evaluation Questions and *MAIL ONLY THESE TWO PAGES* to the address below.
NOTE: THESE MAY BE COMPLETED ON THE COMPUTER AND PRINTED

Community Clinic Name: _____

Address: _____

City: _____ Zip: _____

Operational Area: _____ (See map on page 152)

Disaster Coordinator/Evaluator Name: _____

Telephone #: _____ Fax #: _____

E-mail: _____

CHECK THE APPROPRIATE ANSWER

Question 1: ☐ A ☐ B ☐ C ☐ D

Question 2: ☐ Fully met ☐ Partially met ☐ Did not meet ☐ Not applicable/Not Exercised

Question 3: ☐ Fully met ☐ Partially met ☐ Did not meet ☐ Not applicable/Not Exercised

Question 4: ☐ Fully met ☐ Partially met ☐ Did not meet ☐ Not applicable/Not Exercised

Question 5: ☐ Fully met ☐ Partially met ☐ Did not meet ☐ Not applicable/Not Exercised

Question 6: ☐ Fully met ☐ Partially met ☐ Did not meet ☐ Not applicable/Not Exercised

Question 7: ☐ Fully met ☐ Partially met ☐ Did not meet ☐ Not applicable/Not Exercised

Question 8: ☐ Fully met ☐ Partially met ☐ Did not meet ☐ Not applicable/Not Exercised

Question 9: ☐ Fully met ☐ Partially met ☐ Did not meet ☐ Not applicable/Not Exercised

Question 10: ☐ A ☐ B ☐ C

Question 11: ☐ A ☐ B ☐ C

Question 12: ☐ A ☐ B ☐ C

Question 13: ☐ A ☐ B ☐ C

State of California
Statewide Medical & Health Disaster Exercise
October 25, 2007

COMMUNITY CLINIC
MASTER ANSWER SHEET
PAGE 2 OF 2

NAME OF FACILITY: _____

Question 14:

☐ Area hospitals ☐ Community clinics ☐ Local public health ☐ Local OES
☐ EMS Providers ☐ Law Enforcement ☐ Long-term Care Facilities
☐ Coroner/medical examiner ☐ Terrorism Early Warning groups
☐ 911 dispatch centers ☐ Local school districts
☐ Non-governmental agencies (e.g., American Red Cross, religious organizations)
☐ Other: (specify)

Question 15: ☐A ☐B ☐C

Question 16: ☐A ☐B ☐C

Question 17: ☐A ☐B ☐C ☐D ☐E

Question 18: ☐ 0500–0700 ☐ 0700-0900 ☐ 0900-1100 ☐ 1100-1300
☐ 1300-1500 ☐ 1500-1700 ☐ Other: _____

Question 19: ☐ A. No, the messages were injected by the hospital.
☐ B. Yes. The information originated from: _____

Question 20: ☐A ☐B ☐C

Mail by NOVEMBER 9, 2007 to:
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1930 9th Street
Sacramento, CA 95814
Attn: Statewide Exercise Evaluation

State of California
Statewide Medical & Health Disaster Exercise
October 25, 2007

COMMUNITY CLINIC EXERCISE EVALUATION QUESTIONS

Please use the attached **Master Answer Sheet** when recording your responses. Be sure to complete every question before submitting the Master Answer Sheet (page 118). Certificates for Participation will be provided only upon receipt of the 2007 Exercise Participation Evaluation Master Answer Sheet.

1. Please indicate the level of participation of your clinic during the exercise. (See Glossary on Page 133 for definitions of exercises.)
   A. Full Scale Exercise
   B. Functional Exercise
   C. Tabletop Exercise
   D. Communications Exercise

2. Objective I: Did you activate the clinic's Emergency Operations Plan and the incident command system?

   ☐ Fully met ☐ Partially met ☐ Did not meet ☐ Not applicable/Not Exercised

3. Objective II: Did you communicate response efforts to staff, patients, their families and external agencies using appropriate forms and status reports?

   ☐ Fully met ☐ Partially met ☐ Did not meet ☐ Not applicable/Not Exercised

4. Objective III: Did you exercise the plan and capability to provide prophylaxis for clinic staff?

   ☐ Fully met ☐ Partially met ☐ Did not meet ☐ Not applicable/Not Exercised

5. Objective IV: Did you exercise your plans for securing the clinic facility and grounds to protect staff, volunteers, physicians, patients, visitors and assets?

   ☐ Fully met ☐ Partially met ☐ Did not meet ☐ Not applicable/Not Exercised

6. Objective V: Did you assess the ability to or exercise the expansion of capacity using non-traditional patient care areas within the facility?

   ☐ Fully met ☐ Partially met ☐ Did not meet ☐ Not applicable/Not Exercised

7. Objective VI: Did you communicate approximate surge capacity and resource capabilities to the OA Medical/Health POC?

   ☐ Fully met ☐ Partially met ☐ Did not meet ☐ Not applicable/Not Exercised

State of California
Statewide Medical & Health Disaster Exercise
October 25, 2007

COMMUNITY CLINIC EXERCISE EVALUATION QUESTIONS

8. Objective VII: Did you assess your capacity to assist other affected clinics in the OA with resources?

☐ Fully met ☐ Partially met ☐ Did not meet ☐ Not applicable/Not Exercised

9. Objective VIII: Did you coordinate your clinic's response efforts with local hospitals, city public works, law enforcement, fire, EMS, and other emergency response teams?

☐ Fully met ☐ Partially met ☐ Did not meet ☐ Not applicable/Not Exercised

10. Did you extract various "modules" from the 12-hour exercise scenario to create an exercise for your organization to meet your exercise objectives?
A. Yes, we used multiple modules to create our own exercise.
B. No, we used the scenario as written.
C. Don't know.

11. Did you conduct a shift change during the exercise?
A. Yes
B. No
C. Don't know

12. Did you conduct and document incident action planning in the command center/EOC?
A. Yes
B. No
C. Don't know

13. Did you conduct a media briefing/press conference during the exercise?
A. Yes
B. No
C. Don't know

14. What other community response partners did you exercise with? (Check all that apply)
☐ Area hospitals ☐ Community clinics ☐ Local public health ☐ Local OES
☐ EMS Providers ☐ Law Enforcement ☐ Long-term Care Facilities
☐ Coroner/medical examiner ☐ Terrorism Early Warning groups
☐ 911 dispatch centers ☐ Local school districts
☐ Non-governmental agencies (e.g., American Red Cross, religious organizations)
☐ Other: (specify)

15. Was the guidebook useful in planning your exercise?
A. Yes
B. No
C. Don't know

16. Was the scenario realistic and allow for testing of the surge/emergency operations plan?
A. Yes
B. No
C. Don't know

State of California
Statewide Medical & Health Disaster Exercise
October 25, 2007

COMMUNITY CLINIC EXERCISE EVALUATION QUESTIONS

17. How many total hours did you conduct an exercise in your facility?
    A. 1 - 4 hours
    B. 5 - 6 hours
    C. 7 - 8 hours
    D. 8 - 10 hours
    E. 11 - 12 hours

18. What time did you exercise (check all that apply)?
    ☐ 0500–0700 ☐ 0700-0900 ☐ 0900-1100 ☐ 1100-1300

    ☐ 1300-1500 ☐ 1500-1700 ☐ Other: _____

19. Did you receive the exercise scenario intelligence messages disseminated on 10-22 and 10-24-07?
    A. No, the messages were injected by the hospital.
    B. Yes. The information originated from: ___

20. The Statewide Medical and Health Disaster Exercise is conducted annually in the fall. There is a recommendation to move the exercise to Spring (April or May) instead of the fall each year. This would allow medical and health providers to exercise collaboratively, but to also avoid conflicts with Golden Guardian and other annual fall events. Would you support this change and exercise in Spring?

    A. Yes, I would support a Spring exercise and participate
    B. No, I would not support a Spring exercise, leave the exercise in the fall
    C. Other (describe on back of Master Answer Sheet)

Additional Comments and Recommendations?
Please write additional comments on the back of the Master Answer Sheet and attach additional pages as needed. We very much appreciate your feedback!

Complete the Master Answer Sheet on page 118 and mail to:
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1930 9th Street
Sacramento, CA 95814
Attn: Statewide Exercise Evaluation

State of California
Statewide Medical & Health Disaster Exercise
October 25, 2007

EMS/AMBULANCE PROVIDER MASTER ANSWER SHEET PAGE 1 OF 2

Complete this Master Answer Sheet for responses to the Ambulance Provider Exercise Evaluation Questions and *MAIL ONLY THESE TWO PAGES* to the address below.
NOTE: THESE MAY BE COMPLETED ON THE COMPUTER AND PRINTED

EMS/Ambulance Provider Name: _____

Address: _____

City: _____ Zip: _____

Operational Area: _____ (See map on page 152)

Disaster Coordinator/Evaluator Name: _____

Telephone #: _____ Fax #: _____

E-mail: _____

CHECK THE APPROPRIATE ANSWER

Question 1: ☐ A ☐ B ☐ C ☐ D

Question 2: ☐ A ☐ B ☐ C ☐ D ☐ E

Question 3: ☐ A ☐ B ☐ C ☐ D

Question 4: ☐ Fully met ☐ Partially met ☐ Did not meet ☐ Not applicable/Not Exercised

Question 5: ☐ Fully met ☐ Partially met ☐ Did not meet ☐ Not applicable/Not Exercised

Question 6: ☐ Fully met ☐ Partially met ☐ Did not meet ☐ Not applicable/Not Exercised

Question 7: ☐ Fully met ☐ Partially met ☐ Did not meet ☐ Not applicable/Not Exercised

Question 8: ☐ Fully met ☐ Partially met ☐ Did not meet ☐ Not applicable/Not Exercised

Question 9: ☐ Fully met ☐ Partially met ☐ Did not meet ☐ Not applicable/Not Exercised

Question 10: ☐ A ☐ B ☐ C

Question 11: ☐ A ☐ B ☐ C

Question 12: ☐ A ☐ B ☐ C

Question 13: ☐ A ☐ B ☐ C

State of California
Statewide Medical & Health Disaster Exercise
October 25, 2007

AMBULANCE PROVIDER
MASTER ANSWER SHEET
PAGE 1 OF 2

NAME OF ORGANIZATION: _____

Question 14:

☐ Area hospitals ☐ Community clinics ☐ Local public health ☐ Local OES
☐ EMS Providers ☐ Law Enforcement ☐ Long-term Care Facilities
☐ Coroner/medical examiner ☐ Terrorism Early Warning groups
☐ 911 dispatch centers ☐ Local school districts
☐ Non-governmental agencies (e.g., American Red Cross, religious organizations)
☐ Other: (specify)

Question 15: ☐A ☐B ☐C

Question 16: ☐A ☐B ☐C

Question 17: ☐A ☐B ☐C ☐D ☐E

Question 18: ☐ 0500–0700 ☐ 0700-0900 ☐ 0900-1100 ☐ 1100-1300
☐ 1300-1500 ☐ 1500-1700 ☐ Other: _____

Question 19: ☐ A. No, the messages were injected by the hospital.
☐ B. Yes. The information originated from: _____

Question 20: ☐A ☐B ☐C

Mail by NOVEMBER 29, 2007 to:
Emergency Medical Services Authority
1930 9th Street
Sacramento, CA 95814
Attn: Statewide Exercise Evaluation

State of California
Statewide Medical & Health Disaster Exercise
October 25, 2007

Ambulance Provider Exercise Evaluation Questions

Please use the **Master Answer Sheet** (page 123) for Ambulance Providers when recording your responses. Be sure to complete every question before submitting the Master Answer Sheet. Certificates for Participation will be provided only upon receipt of the 2007 Exercise Participation Evaluation Master Answer Sheet.

1. Please circle the single best answer which describes your service.
   A. Basic Life Support
   B. Advanced Life Support
   C. Both A and B
   D. Other (specify) _____

2. Circle the single best answer which describes your service.
   A. Private business
   B. Fire service affiliate
   C. Special district or local government (other than fire service)
   D. Hospital affiliate
   E. Other (specify) _____

3. Circle the level of participation of your service during the exercise.
   A. Full Scale Exercise
   B. Functional Exercise
   C. Tabletop Exercise
   D. Communications Exercise

4. Objective I: Did you activate your emergency operations plan and the incident command system?

   ☐ Fully met ☐ Partially met ☐ Did not meet ☐ Not applicable/Not Exercised

5. Objective II: Did you establish communications with the OA medical and health point of contact for guidance and protocols on response activities?

   ☐ Fully met ☐ Partially met ☐ Did not meet ☐ Not applicable/Not Exercised

6. Objective III: Did you exercise the transportation of infectious patients and infection control measures?

   ☐ Fully met ☐ Partially met ☐ Did not meet ☐ Not applicable/Not Exercised

7. Objective IV: Did you exercise the triage, management, and coordination of a large number of patients, including protocols for determining primary and alternative patient transportation destinations?

   ☐ Fully met ☐ Partially met ☐ Did not meet ☐ Not applicable/Not Exercised

8. Objective V: Did you assess the ability to sustain, maximize, and augment EMS staffing during a surge event?

   ☐ Fully met ☐ Partially met ☐ Did not meet ☐ Not applicable/Not Exercised

State of California
Statewide Medical & Health Disaster Exercise
October 25, 2007

Ambulance Provider Exercise Evaluation Questions

9. Objective VI: Did you assess the ability to provide prophylaxis to EMS staff, in coordination with the local public health department?

☐ Fully met ☐ Partially met ☐ Did not meet ☐ Not applicable/Not Exercised

10. Did you extract various "modules" from the 12-hour exercise scenario to create an exercise for your organization to meet your exercise objectives?
A. Yes, we used multiple modules to create our own exercise.
B. No, we used the scenario as written.
C. Don't know.

11. Did you conduct a shift change during the exercise?
A. Yes
B. No
C. Don't know

12. Did you conduct incident action planning in the command center/EOC?
A. Yes
B. No
C. Don't know

13. Did you conduct a media briefing/press conference during the exercise?
A. Yes
B. No
C. Don't know

14. What other community response partners did you exercise with? (Check all that apply)
☐ Area hospitals ☐ Community clinics ☐ Local public health ☐ Local OES
☐ EMS Providers ☐ Law Enforcement ☐ Long-term Care Facilities
☐ Coroner/medical examiner ☐ Terrorism Early Warning groups
☐ 911 dispatch centers ☐ Local school districts
☐ Non-governmental agencies (e.g., American Red Cross, religious organizations)
☐ Other: (specify)

15. Was the guidebook useful in planning your exercise?
A. Yes
B. No
C. Don't know

16. Was the scenario realistic and allow for testing of the surge/emergency operations plan?
A. Yes
B. No
C. Don't know

State of California
Statewide Medical & Health Disaster Exercise
October 25, 2007

Ambulance Provider Exercise Evaluation Questions

17. How many total hours did you conduct an exercise in your organization?
    A. 1 - 4 hours
    B. 5 - 6 hours
    C. 7 - 8 hours
    D. 8 - 10 hours
    E. 11 - 12 hours

18. What time did you exercise (check all that apply)?
    ☐ 0500–0700 ☐ 0700-0900 ☐ 0900-1100 ☐ 1100-1300

    ☐ 1300-1500 ☐ 1500-1700 ☐ Other: _____

19. Did you receive the exercise scenario intelligence messages disseminated on 10-22 and 10-24-07?

    A. No, the messages were injected by the hospital.
    B. Yes. The information originated from: ___

20. The Statewide Medical and Health Disaster Exercise is conducted annually in the fall. There is a recommendation to move the exercise to Spring (April or May) instead of the fall each year. This would allow medical and health providers to exercise collaboratively, but to also avoid conflicts with Golden Guardian and other annual fall events. Would you support this change and exercise in Spring?

    A. Yes, I would support a Spring exercise and participate
    B. No, I would not support a Spring exercise, leave the exercise in the fall
    C. Other (describe on back of Master Answer Sheet)

Additional Comments and Recommendations?

Please write additional comments on the back of the Master Answer Sheet and attach additional pages as needed. We very much appreciate your feedback!

Complete the Master Answer Sheet on page 123 and mail to:

Emergency Medical Services Authority
1930 9th Street
Sacramento, CA 95814
Attn: Statewide Exercise Evaluation

State of California
Statewide Medical & Health Disaster Exercise
October 25, 2007

LOCAL PUBLIC HEALTH DEPARTMENT
MASTER ANSWER SHEET
PAGE 1 OF 2

Complete this Master Answer Sheet for responses to the Local Public Health Department Exercise Evaluation Questions and ONLY THESE TWO PAGES to the address below.
NOTE: THESE MAY BE COMPLETED ON THE COMPUTER AND PRINTED

Local Public Health Department Name: _____

Address: _____

City: _____ Zip: _____

Operational Area: _____ (See map on page 152)

Disaster Coordinator/Evaluator Name: _____

Telephone #: _____ Fax #: _____

E-mail: _____

CHECK THE APPROPRIATE ANSWER

Question 1: ☐ A ☐ B ☐ C ☐ D

Question 2: ☐ Fully met ☐ Partially met ☐ Did not meet ☐ Not applicable/Not Exercised

Question 3: ☐ Fully met ☐ Partially met ☐ Did not meet ☐ Not applicable/Not Exercised

Question 4: ☐ Fully met ☐ Partially met ☐ Did not meet ☐ Not applicable/Not Exercised

Question 5: ☐ Fully met ☐ Partially met ☐ Did not meet ☐ Not applicable/Not Exercised

Question 6: ☐ Fully met ☐ Partially met ☐ Did not meet ☐ Not applicable/Not Exercised

Question 7: ☐ Fully met ☐ Partially met ☐ Did not meet ☐ Not applicable/Not Exercised

Question 8: ☐ Fully met ☐ Partially met ☐ Did not meet ☐ Not applicable/Not Exercised

Question 9: ☐ Fully met ☐ Partially met ☐ Did not meet ☐ Not applicable/Not Exercised

Question 10: ☐ A ☐ B ☐ C

Question 11: ☐ A ☐ B ☐ C

Question 12: ☐ A ☐ B ☐ C

Question 13: ☐ A ☐ B ☐ C

State of California
Statewide Medical & Health Disaster Exercise
October 25, 2007

LOCAL PUBLIC HEALTH DEPARTMENT
MASTER ANSWER SHEET
PAGE 2 OF 2

NAME OF FACILITY: _____

Question 14:

☐ Area hospitals ☐ Community clinics ☐ Local public health ☐ Local OES
☐ EMS Providers ☐ Law Enforcement ☐ Long-term Care Facilities
☐ Coroner/medical examiner ☐ Terrorism Early Warning groups
☐ 911 dispatch centers ☐ Local school districts
☐ Non-governmental agencies (e.g., American Red Cross, religious organizations)
☐ Other: (specify)

Question 15: ☐A ☐B ☐C

Question 16: ☐A ☐B ☐C

Question 17: ☐A ☐B ☐C ☐D ☐E

Question 18: ☐ 0500–0700 ☐ 0700-0900 ☐ 0900-1100 ☐ 1100-1300
☐ 1300-1500 ☐ 1500-1700 ☐ Other: _____

Question 19: ☐ A. No, the messages were injected by the hospital.
☐ B. Yes. The information originated from: _____

Question 20: ☐A ☐B ☐C

Mail by NOVEMBER 29, 2007 to:

Emergency Medical Services Authority
1930 9th Street
Sacramento, CA 95814
Attn: Statewide Exercise

State of California
Statewide Medical & Health Disaster Exercise
October 25, 2007

LOCAL PUBLIC HEALTH DEPARTMENT EXERCISE EVALUATION QUESTIONS

Please use the attached **Master Answer Sheet** when recording your responses. Be sure to complete every question before submitting the Master Answer Sheet (page 128). Certificates for Participation will be provided only upon receipt of the 2007 Exercise Participation Evaluation Master Answer Sheet.

1. Please indicate the level of participation of your clinic during the exercise. (See Glossary on Page 133 for definitions of exercises.)
   A. Full Scale Exercise
   B. Functional Exercise
   C. Tabletop Exercise
   D. Communications Exercise

2. Objective I: Did you activate the department's emergency operations plan and the incident command system?

   ☐ Fully met ☐ Partially met ☐ Did not meet ☐ Not applicable/Not Exercised

3. Objective II: Did you exercise the surge plan for the Public Health Laboratory and/or Laboratory Response Network (LRN), including specimen transport, agent identification, chain of custody procedures?

   ☐ Fully met ☐ Partially met ☐ Did not meet ☐ Not applicable/Not Exercised

4. Objective III: Did you exercise the decision-making and procedures required for the community and healthcare providers to provide prophylaxis during the biological surge event?

   ☐ Fully met ☐ Partially met ☐ Did not meet ☐ Not applicable/Not Exercised

5. Objective IV: Did you assess your ability to provide prophylaxis for public health staff and essential personnel?

   ☐ Fully met ☐ Partially met ☐ Did not meet ☐ Not applicable/Not Exercised

6. Objective V: Did you exercise policies and procedures to communicate with hospital laboratories about proper procedures for sample preparation and shipment to the Laboratory Response Network (LRN); and, LRN notification of the State Laboratory?

   ☐ Fully met ☐ Partially met ☐ Did not meet ☐ Not applicable/Not Exercised

7. Objective VI: Did you assess the decision-making processes and procedures for establishing community-based alternate care sites?

   ☐ Fully met ☐ Partially met ☐ Did not meet ☐ Not applicable/Not Exercised

State of California
Statewide Medical & Health Disaster Exercise
October 25, 2007

LOCAL PUBLIC HEALTH DEPARTMENT EXERCISE EVALUATION QUESTIONS

8. Objective VII: Did you coordinate and disseminate information in collaboration with the OA Joint Information Center and in collaboration with local emergency managers, healthcare providers, and other officials?

☐ Fully met ☐ Partially met ☐ Did not meet ☐ Not applicable/Not Exercised

9. Objective VIII: Did you access and transmit information to regional and state medical and health authorities through CAHAN and to local healthcare providers through local communication systems?

☐ Fully met ☐ Partially met ☐ Did not meet ☐ Not applicable/Not Exercised

10. Did you extract various "modules" from the 12-hour exercise scenario to create an exercise for your organization to meet your exercise objectives?
A. Yes, we used multiple modules to create our own exercise.
B. No, we used the scenario as written.
C. Don't know.

11. Did you conduct a shift change during the exercise?
A. Yes
B. No
C. Don't know

12. Did you conduct and document incident action planning in the command center/EOC?
A. Yes
B. No
C. Don't know

13. Did you conduct a media briefing/press conference during the exercise?
A. Yes
B. No
C. Don't know

14. What other community response partners did you exercise with? (Check all that apply)
☐ Area hospitals ☐ Community clinics ☐ Local public health ☐ Local OES
☐ EMS Providers ☐ Law Enforcement ☐ Long-term Care Facilities
☐ Coroner/medical examiner ☐ Terrorism Early Warning groups
☐ 911 dispatch centers ☐ Local school districts
☐ Non-governmental agencies (e.g., American Red Cross, religious organizations)
☐ Other: (specify)

15. Was the guidebook useful in planning your exercise?
A. Yes
B. No
C. Don't know

LOCAL PUBLIC HEALTH DEPARTMENT EXERCISE EVALUATION QUESTIONS

16. Was the scenario realistic and allow for testing of the surge/emergency operations plan?
    A. Yes
    B. No
    C. Don't know

17. How many total hours did you conduct an exercise in your facility?
    A. 1 - 4 hours
    B. 5 - 6 hours
    C. 7 - 8 hours
    D. 8 - 10 hours
    E. 11 - 12 hours

18. What time did you exercise (check all that applies)?

    ☐ 0500–0700 ☐ 0700-0900 ☐ 0900-1100 ☐ 1100-1300

    ☐ 1300-1500 ☐ 1500-1700 ☐ Other: _____

19. Did you receive the exercise scenario intelligence messages disseminated on 10-22 and 10-24-07?

    A. No, the messages were injected by the hospital.
    B. Yes. The information originated from: ___

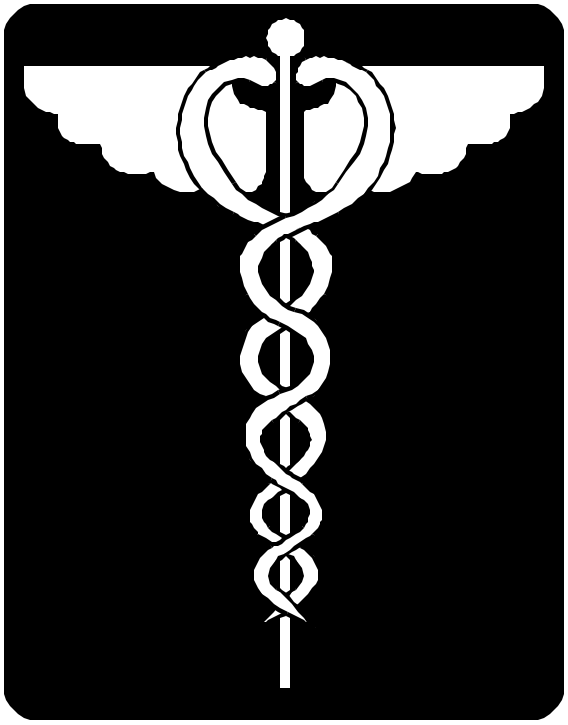
20. The Statewide Medical and Health Disaster Exercise is conducted annually in the fall. There is a recommendation to move the exercise to Spring (April or May) instead of the fall each year. This would allow medical and health providers to exercise collaboratively, but to also avoid conflicts with Golden Guardian and other annual fall events. Would you support this change and exercise in Spring?

    A. Yes, I would support a Spring exercise and participate
    B. No, I would not support a Spring exercise, leave the exercise in the fall
    C. Other (describe on back of Master Answer Sheet)

Additional Comments and Recommendations?
Please write additional comments on the back of the Master Answer Sheet and attach additional pages as needed. We very much appreciate your feedback!

Complete the Master Answer Sheet on page 128 and mail to:
Emergency Medical Services Authority
1930 9th Street
Sacramento, CA 95814
Attn: Statewide Exercise Evaluation

Glossary and Acronyms



Glossary of Terms

Alternate Care Sites (ACS)	Alternate care sites are areas designated to care for patients which are not normally used for patient care. They can be hospital or community-based. The sites may be established for patients who need more extensive care such as hydration, ventilatory assistance, or pain management, or for minor or episodic care. ACS can also be used to cohort patients with the same infectious disease or exposure.
Auxiliary Communications Services (ACS)	The Auxiliary Communications Service (ACS) is an emergency communications unit who provide State and local government with a variety of professional unpaid [volunteer] skills, including administrative, technical and operational for emergency tactical, administrative and logistical communications. ACS works with agencies and cities within the Operational Area, neighboring governments and the State OES Region. Its basic mission is the emergency support of civil defense, disaster response and recovery with telecommunications resources and personnel. **CARES: California Amateur Radio Emergency Services** CARES is specifically tasked to provide amateur radio communications support for the medical and health disaster response to state government. **RACES: Radio Amateur Civilian Emergency Services** RACES is a local or state government program established by a civil defense official. It becomes operational by: 1) appointing a radio officer; 2) preparing a RACES plan; and 3) training and utilizing FCC licensed amateur radio operators. RACES, whether part of an ACS or as a stand alone unit, is usually attached to a state or local government's emergency preparedness office or to a department designated by that office, such as the sheriff's or communications department.
Bioterrorism	The intentional or threatened use of viruses, bacteria, fungi or toxins from living organisms to produce death or disease in humans, animals or plants.
Cohorting	Co-locating a group of persons (patients) experiencing similar symptoms or disease syndrome to provide medical care and/or isolation.
Convergent Volunteer	Convergent volunteers are individuals who come forward to offer disaster response and recovery volunteer services during a disaster event. Convergent volunteers are not persons impressed into service at the scene of an incident. (California definition)
Disease Surveillance	In epidemiology and public health, the identification of index patients and their contacts; the detection of outbreaks and epidemics; the determination of the incidence and demographics of an illness; and the policy-making to prevent further spreading of a disease.

Glossary of Terms

Droplet Transmission And Isolation	**Transmission:** Droplet transmission involves contact of the conjunctivae or the mucous membranes of the nose or mouth of a susceptible person with large-particle droplets (larger than 5 µm in size) containing microorganisms generated from a person who has a clinical disease or who is a carrier of the microorganism. Droplets are generated from the source person primarily during coughing, sneezing or talking and during the performance of certain procedures, such as suctioning and bronchoscopy. Transmission via large-particle droplets requires close contact between source and recipient persons because droplets do not remain suspended in the air and generally travel only short distances, usually three feet or less, through the air. Since droplets do not remain suspended in the air, special air handling and ventilation are not required to prevent droplet transmission. **Droplet Isolation:** Place the patient in a private room. When a private room is not available, place the patient in a room with a patient(s) who has active infection with the same microorganism but with no other infection (cohorting). When a private room is not available and cohorting is not achievable, maintain spatial separation of at least three feet between the infected patient and other patients and visitors. Special air handling and ventilation are not necessary, and the door may remain open. Category IB
Emergency	A condition of disaster or of extreme peril to the safety of persons and property caused by such conditions as air pollution, fire, flood, hazardous material incident, storm, epidemic, riot, drought, sudden and severe energy shortage, plant or animal infestations or disease, an earthquake or volcanic eruption.
Emergency Management	The organized analysis, planning, decision making, assignment and coordination of available resources to the mitigation of, preparedness for, response to or recovery from emergencies of any kind, whether from man-made attack or natural sources.
Emergency Operations Center (EOC)	A centralized location from which emergency operations can be directed and coordinated. The EOC, operated by local, regional, state or federal governments, is comprised of multiple agencies, organizations and disciplines to coordinate all aspects of an incident (e.g., law, fire, EMS, health and medical, logistics, communications, transportation, public works, finance, response and recovery planners, etc.) The EOC provides support and coordination of the incident, but does NOT direct the incident actions.
Epidemic	An infectious disease or condition that attacks many people at the same time in the same geographical area.
Epidemiology	The study of the distribution and determinants of health-related states and events in populations, and the application of this study to the control of health problems. Epidemiology is concerned with the traditional study of epidemic diseases caused by infectious agents, and with health-related phenomena.

Glossary of Terms

Exposure Versus Contamination	**Exposure**: Subjected to, or exposed to, a contaminant in an unprotected or partially protected manner, but not necessarily contaminated by an agent. **Contamination**: Contact with a hazardous or infective agent in an unprotected manner. Example: if you are in the area where an agent (like *Yersinia pestis*) is released, you may be exposed. If you are sprayed directly with the agent, you are then contaminated.
Exercise	**Full Scale:** This type of exercise is intended to evaluate the operational capability of emergency responders in an interactive manner over a substantial period of time. It involves the testing of a major portion of the basic elements existing in the emergency operations plans and organizations in a stress environment. Personnel and resources are mobilized. **Functional:** The functional exercise is an activity designed to test or evaluate the capabilities of the disaster response system. It can take place in the location where the activity might normally take place, such as the command center or incident command post. It can involve deploying equipment in a limited, function-specific capacity. This exercise is fully simulated with written or verbal messages. **Tabletop:** An exercise which takes place in a classroom or meeting room setting. Situations and problems presented in the form of written or verbal questions generate discussions of actions to be taken based upon the emergency plan and standard emergency operating procedures. The purpose is to have participants practice problem solving and resolve questions of coordination and assignment in a non-threatening format, under minimal stress. **Communications:** The communications exercise is designed to test and evaluate communication systems, including lines and methods of communicating during a disaster. Alternative communication systems can also be tested, including amateur radio, cell and satellite systems, among others.

Glossary of Terms

Homeland Security Advisory System (HSAS)	The HSAS was developed by the Department of Homeland Security in response to Homeland Security Presidential Directive #3. There are five Threat Conditions, each identified by a description and corresponding color. The higher the Threat Condition, the greater the risk of a terrorist attack. Risk includes both the probability of an attack occurring and its potential gravity. Threat Conditions are assigned by the Attorney General in consultation with the Assistant to the President for Homeland Security. **Low Condition (Green).** This condition is declared when there is a low risk of terrorist attacks. **Guarded Condition (Blue).** This condition is declared when there is a general risk of terrorist attacks. **Elevated Condition (Yellow).** An Elevated Condition is declared when there is a significant risk of terrorist attacks. In addition to the Protective Measures taken in the previous Threat Conditions, Federal departments and agencies should consider the following general measures in addition to the Protective Measures that they will develop and implement: **High Condition (Orange).** A High Condition is declared when there is a high risk of terrorist attacks. **Severe Condition (Red).** A Severe Condition reflects a severe risk of terrorist attacks. Under most circumstances, the Protective Measures for a Severe Condition are not intended to be sustained for substantial periods of time.
Hospital Command Center (HCC)	Formerly the Hospital Emergency Operations Center, the designated site for the hospital incident management team to oversee operations, assess status, and develop and execute the incident action plan.
Hospital Incident Command System (HICS)	HICS is an emergency management system that employs a logical, standardized management (command) structure, defined responsibilities, clear reporting channels and common terminology to assist hospitals in managing the response to and recovery from planned and unplanned events. HICS is consistent with the principles of the Incident Command Systems (ICS) and the National Incident Management System (NIMS.) Information on HICS can be obtained through the California EMSA at 916-322-4336 or on the Website at www.emsa.ca.gov/hics/hics.asp
Incident Command System (ICS)	The nationally used standardized on-scene emergency management concept is specifically designed to allow its user(s) to adopt an integrated organizational structure equal to the complexity and demand of single or multiple incidents without being hindered by jurisdictional boundaries. ICS is the combination of facilities, equipment, personnel, procedures and communications operating within a common organizational structure, with the responsibility of managing resources to effectively accomplish stated objectives pertinent to an incident.

Glossary of Terms

Influenza-Like-Illness (ILI)	Influenza-like-illness is defined as fever (>100° F [37.8° C], oral or equivalent) AND cough, and/or sore throat (in the absence of a KNOWN cause other than influenza. This term/case definition is used by the CDC and CDPH in surveillance.)
Fit Testing	All respirators relying on a mask-to-face seal need to be checked annually with either qualitative or quantitative methods to determine whether the mask provides an acceptable fit to a wearer. The qualitative fit test procedures rely on a subjective sensation (taste, irritation, smell) of the respirator wearer to a particular test agent while the quantitative fit test measures face seal leakage. The relative workplace exposure level determines what constitutes an acceptable fit and which fit test procedure is required. (OSHA 29 CFR 1910.139)
Incubation Period	The interval between exposure to infection and the appearance of the first symptom.
Intelligence Community	The "intelligence community" includes all military, federal, state, and local Intelligence agencies that collect, analyze report and disseminate information related to law enforcement, terrorism and homeland security matters. Federal agencies include the Central Intelligence Agency (CIA), Federal Bureau of Investigation (FBI), and Department of Homeland Security (DHS). State and local agencies include the California Office of Homeland Security (OHS), State Terrorism Threat Assessment Center (STTAC), Regional Terrorism Threat Assessment Center (RTTAC), and local Terrorism Early Warning Groups (TEWG).
Medical and Health Operational Area Coordinator (MHOAC)	The MHOAC is responsible for coordinating mutual aid resource requests, facilitating the development of local medical/health response plans and implementing the medical/health plans during a disaster response. During a disaster, the MHOAC directs the medical/health branch of the Operational Area EOC and establishes priorities for medical/health response and requests.
N-95 Mask	See "Respirator, N-95"
Operational Area	An intermediate level of the State emergency services organization, consisting of a county and all political subdivisions within the county.
Pandemic	An epidemic over a wide geographic area and affecting a large proportion of the population, such as pandemic influenza.

Glossary of Terms

Plague	A disease caused by *Yersinia pestis (Y. pestis)*: a gram negative, bacterium, rod-shaped, found in rodents and their fleas in many areas around the world. Clinical syndromes caused by *Y. pestis* infection include: -Bubonic plague -Primary septicemic plague -Primary pneumonic plague -Plague meningitis -Plague pharyngitis -Pestis minor -Subclinical infections As a bioterrorist agent, as in this scenario, it could be used in an aerosolized form. This most likely would cause primary plague pneumonia. Other clinical syndromes that could result include pharyngitis, septicemia, and meningitis.
Point of Dispensing (POD)	A site where medications or vaccines intended to prevent disease may be given quickly to a large number of people in the event of a public health emergency.
Quarantine	The period during which free entry to a country by humans, animals, plants or agricultural products is prohibited in order to limit the spread of potentially infectious diseases; the period of isolation from public contact after contracting a contagious disease, such as rabies. Complete quarantine is the limitation of the freedom of movement of healthy persons or domestic animals that have been exposed to a communicable disease for a period of time equal to the longest incubation period of the disease, in such a manner as to prevent effective contact with those not so exposed.
Regional Emergency Operations Center (REOC)	The Regional Emergency Operations Center (REOC) is the first level facility of the Governor's Office of Emergency Services to manage a disaster. The REOC provides an emergency support staff operating from a fixed facility, which are responsive to the needs of the operational areas and coordinates with the State Operations Center.
Respirators N-95	Recent CDC infection control guidance documents provide recommendations on how health care workers protect themselves from diseases potentially spread through the air (such as Severe Acute Respiratory Syndrome or Tuberculosis) by wearing a fit-tested respirator at least as protective as a National Institute for Occupational Safety and Health (NIOSH)-approved N-95 respirator. An N-95 respirator is one of nine types of disposable particulate respirators. Particulate respirators are also known as "air-purifying respirators" because they protect by filtering particles out of the air you breathe. Workers can wear any one of the particulate respirators for protection against diseases spread through the air- if they are NIOSH approved and if they have been properly fit-tested and maintained.

Glossary of Terms

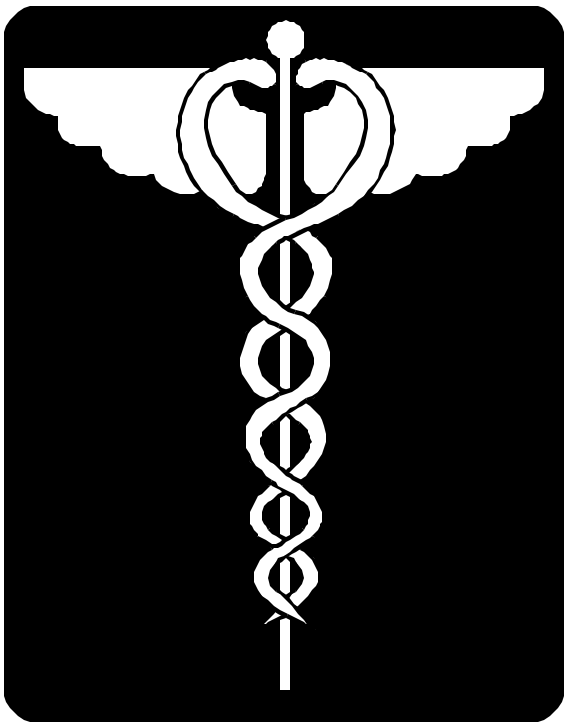
Respiratory Hygiene/Cough Etiquette	The measures taken to contain respiratory secretions for all individuals with signs and symptoms of a respiratory infection, including a cough. Measures include: Cover the nose/mouth when coughing or sneezing; Use tissues to contain respiratory secretions and dispose of them in the nearest waste receptacle after use; Perform hand hygiene (e.g., hand washing with non-antimicrobial soap and water, alcohol-based hand rub, or antiseptic handwash) after having contact with respiratory secretions and contaminated objects/materials.
Sentinel Provider	The California Sentinel Provider Influenza Surveillance Program is a partnership between clinicians, local health departments, the California Department of Public Health, and the federal Centers for Disease Control and Prevention (CDC) to conduct surveillance for influenza-like illness (ILI). The information collected by California sentinel providers is combined with other influenza surveillance data on influenza-related hospitalizations, antiviral usage, severe pediatric influenza cases and positive laboratory detections from collaborating hospital, academic and public health laboratories throughout the state to monitor the timing, location, and impact of influenza viruses year-round. For more information on the Sentinel Provider Program, visit www.dhs.ca.gov/ps/dcdc/VRDL/html/FLU/Flu-sentinel.htm.
Standardized Emergency Management System (SEMS)	SEMS is the emergency management system identified by Government code 8607 for managing emergency response to multi-agency or multi-jurisdictional operations. SEMS includes the use of the Incident Command System and is intended to standardize response to emergencies in California.
State Operations Center (SOC)	The SOC is established by OES to oversee, as necessary, the REOC, and is activated when more than one REOC is opened. The SOC establishes overall response priorities and coordinates with federal responders.
Terrorism Early Warning Group (TEWG)	An organization of local, state and federal law enforcement officials together with public and private organizations to detect, deter, and respond to terrorist threats. Its primary goal is to detect and prevent planned acts of violence through enhanced analytical capabilities. The TEW will provide a means for more complete and productive exchange and analysis of information between agencies and across disciplines. This initiative also involves a business and community outreach program that provides preparedness information and resources.
Universal Adversary	The Universal Adversary is identified in an exercise as an abstract entity used for the purposes of simulation.

Acronyms

AAR	After-Action Report
ACS	Alternate Care Sites
ACS	Auxiliary Communications Services
AEOC	Area Emergency Operations Center
ARC	American Red Cross
ASPR	Assistant Secretary of Preparedness and Response (Office of)
BVM	Bag-Valve-Mouth
CAHAN	California Health Alert Network
CAP	Corrective Action Plan (formerly known as Corrective Improvement Plan)
CERT	Community Emergency Response Team
CBO	Community Based Organization
CDC	Centers for Disease Control and Prevention
CDPH	California Department of Public Health (formerly known as the California Department of Health Services)
CHA	California Hospital Association
CIA	Central Intelligence Agency
CIP	Corrective Improvement Plan (Now known as Corrective Action Plan)
CISM	Critical Incident Stress Management
DHS	Department of Homeland Security
DOC	Departmental Operations Center
EC	Environment of Care
ED	Emergency Department
EMS	Emergency Medical Services
EMSA	Emergency Medical Services Authority
EOC	Emergency Operations Center
ETA	Estimated Time of Arrival
FBI	Federal Bureau of Investigation
FEMA	Federal Emergency Management Agency
HCC	Hospital Command Center
HEICS	Hospital Emergency Incident Command System (updated 9-06 and now known as HICS)
HEOC	Hospital Emergency Operations Center (now known as HCC)
HICS	Hospital Incident Command System
HRSA	Health Resources and Services Administration (now known as ASPR)
HSAS	Homeland Security Advisory System
HVAC	Heating, Ventilation and Air Conditioning
IAP	Incident Action Plan
IC	Incident Command or Incident Commander
ICS	Incident Command System
ILI	Influenza-like-illness
Joint Commission	Joint Commission on Accreditation of Healthcare Organizations
JEOC	Joint Emergency Operations Center
JIC	Joint Information Center
LEMSA	Local EMS Agency
MHOAC	Medical Health Operational Area Coordinator
MOB	Medical Office Building

MRC	Medical Reserve Corps
MSELs	Master Sequence of Events Listing
NDMS	National Disaster Medical System
NIMS	National Incident Management System
OA	Operational Area
OES	(California Governor's) Office of Emergency Services
OHS	(Governor's) Office of Homeland Security (State of California)
PIO	Public Information Officer
POC	Point of Contact
POD	Point of Dispensing
REOC	Regional Emergency Operations Center
RDMHC	Regional Disaster Medical Health Coordinator
RDMHS	Regional Disaster Medical Health Specialist
RIMS	Response Information Management System
RN	Registered Nurse
RTTAC	Regional Terrorism Threat Assessment Center
SEMS	Standardized Emergency Management System
SOC	State Operations Center
STTAC	State Terrorism Threat Assessment Center
TEW	Terrorism Early Warning
TEWG	Terrorism Early Warning Group
UA	Universal Adversary

Plague FAQ



Frequently Asked Questions (FAQ) About Plague
CDC: http://www.bt.cdc.gov/agent/plague/faq.asp

April 5, 2005

What is plague?
Plague is a disease caused by Yersinia pestis (Y. pestis), a bacterium found in rodents and their fleas in many areas around the world.

Why are we concerned about pneumonic plague as a bioweapon?
Yersinia pestis used in an aerosol attack could cause cases of the pneumonic form of plague. One to six days after becoming infected with the bacteria, people would develop pneumonic plague. Once people have the disease, the bacteria can spread to others who have close contact with them. Because of the delay between being exposed to the bacteria and becoming sick, people could travel over a large area before becoming contagious and possibly infecting others. Controlling the disease would then be more difficult. A bioweapon carrying Y. pestis is possible because the bacterium occurs in nature and could be isolated and grown in quantity in a laboratory. Even so, manufacturing an effective weapon using Y. pestis would require advanced knowledge and technology.

Is pneumonic plague different from bubonic plague?
Yes. Both are caused by Yersinia pestis, but they are transmitted differently and their symptoms differ. Pneumonic plague can be transmitted from person to person; bubonic plague cannot. Pneumonic plague affects the lungs and is transmitted when a person breathes in Y. pestis particles in the air. Bubonic plague is transmitted through the bite of an infected flea or exposure to infected material through a break in the skin. Symptoms include swollen, tender lymph glands called buboes. Buboes are not present in pneumonic plague. If bubonic plague is not treated, however, the bacteria can spread through the bloodstream and infect the lungs, causing a secondary case of pneumonic plague.

What are the signs and symptoms of pneumonic plague?
Patients usually have fever, weakness, and rapidly developing pneumonia with shortness of breath, chest pain, cough, and sometimes bloody or watery sputum. Nausea, vomiting, and abdominal pain may also occur. Without early treatment, pneumonic plague usually leads to respiratory failure, shock, and rapid death.

How do people become infected with pneumonic plague?
Pneumonic plague occurs when Yersinia pestis infects the lungs. Transmission can take place if someone breathes in Y. pestis particles, which could happen in an aerosol release during a bioterrorism attack. Pneumonic plague is also transmitted by breathing in Y. pestis suspended in respiratory droplets from a person (or animal) with pneumonic plague. Respiratory droplets are spread most readily by coughing or sneezing. Becoming infected in this way usually requires direct and close (within 6 feet) contact with the ill person or animal. Pneumonic plague may also occur if a person with bubonic or septicemic plague is untreated and the bacteria spread to the lungs.

Does plague occur naturally?
Yes. The World Health Organization reports 1,000 to 3,000 cases of plague worldwide every year. An average of 5 to 15 cases occur each year in the western United States. These cases are usually scattered and occur in rural to semi-rural areas. Most cases are of the bubonic form of the disease. Naturally occurring pneumonic plague is uncommon, although small outbreaks do occur. Both types of plague are readily controlled by standard public health response measures.

Can a person exposed to pneumonic plague avoid becoming sick?
Yes. People who have had close contact with an infected person can greatly reduce the chance of becoming sick if they begin treatment within 7 days of their exposure. Treatment consists of taking antibiotics for at least 7 days.

Frequently Asked Questions (FAQ) About Plague

How quickly would someone get sick if exposed to plague bacteria through the air?

Someone exposed to Yersinia pestis through the air—either from an intentional aerosol release or from close and direct exposure to someone with plague pneumonia—would become ill within 1 to 6 days.

Can pneumonic plague be treated?

Yes. To prevent a high risk of death, antibiotics should be given within 24 hours of the first symptoms. Several types of antibiotics are effective for curing the disease and for preventing it. Available oral medications are a tetracycline (such as doxycycline) or a fluoroquinolone (such as ciprofloxacin). For injection or intravenous use, streptomycin or gentamicin antibiotics are used. Early in the response to a bioterrorism attack, these drugs would be tested to determine which is most effective against the particular weapon that was used.

Would enough medication be available in the event of a bioterrorism attack involving pneumonic plague?

National and state public health officials have large supplies of drugs needed in the event of a bioterrorism attack. These supplies can be sent anywhere in the United States within 12 hours.
What should someone do if they suspect they or others have been exposed to plague?
Get immediate medical attention: To prevent illness, a person who has been exposed to pneumonic plague must receive antibiotic treatment without delay. If an exposed person becomes ill, antibiotics must be administered within 24 hours of their first symptoms to reduce the risk of death. Notify authorities: Immediately notify local or state health departments so they can begin to investigate and control the problem right away. If bioterrorism is suspected, the health departments will notify the CDC, FBI, and other appropriate authorities.

How can the general public reduce the risk of getting pneumonic plague from another person or giving it to someone else?

If possible, avoid close contact with other people. People having direct and close contact with someone with pneumonic plague should wear tightly fitting disposable surgical masks. If surgical masks are not available, even makeshift face coverings made of layers of cloth may be helpful in an emergency. People who have been exposed to a contagious person can be protected from developing plague by receiving prompt antibiotic treatment.

How is plague diagnosed?

The first step is evaluation by a health worker. If the health worker suspects pneumonic plague, samples of the patient's blood, sputum, or lymph node aspirate are sent to a laboratory for testing. Once the laboratory receives the sample, preliminary results can be ready in less than two hours. Confirmation will take longer, usually 24 to 48 hours.

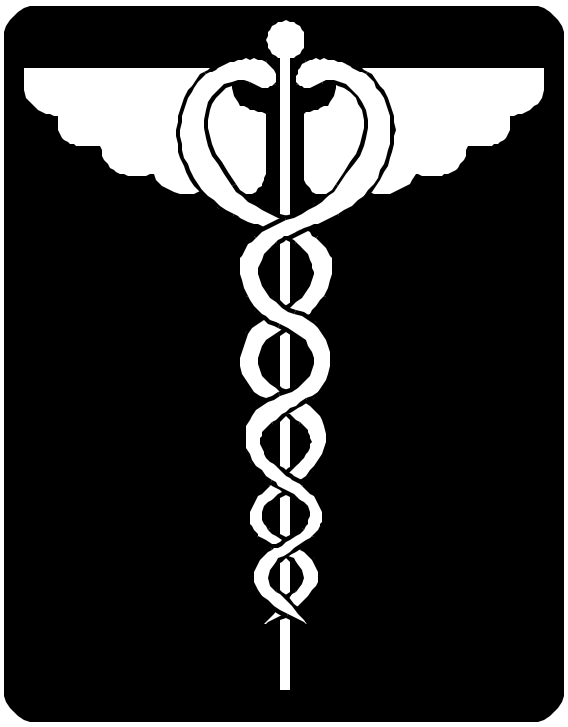
How long can plague bacteria exist in the environment?

Yersinia pestis is easily destroyed by sunlight and drying. Even so, when released into air, the bacterium will survive for up to one hour, depending on conditions.

Is a vaccine available to prevent pneumonic plague?

Currently, no plague vaccine is available in the United States. Research is in progress, but we are not likely to have vaccines for several years or more.

Exercise Contacts



State of California
Statewide Medical & Health Disaster Exercise
October 25, 2007

Operational Area Medical & Health Exercise Contacts

(Note: some operational areas may not be participating in the Statewide Exercise in 2007, but remain on this list as a resource for future reference)

COUNTY	CONTACT NAME, TITLE & ADDRESS	CONTACT INFORMATION
Alameda	Jim Morrissey Alameda County EMS 1000 San Leandro Blvd. Ste 100 San Leandro, CA 94577	Phone: 510-618-2036 Fax: 510-618-2099 Email: jim.morrissey@acgov.org
Alpine, Amador, Calaveras, Stanislaus	Doug Buchanan Disaster Preparedness Coordinator Mountain Valley EMS 1101 Standiford Avenue Modesto, CA 95350	Phone: 209-529-5085 Fax: 209-529-1496 Email: dbuchanan@mvemsa.com
Butte	Dr. Mark Lundberg Health Officer 202 Mira Loma Oroville, CA 95965	Phone: 530-538-7581 Fax: 530-538-2165 Email: mlundberg@buttecounty.net
Colusa	Christine Steinhoff 251 E. Webster St. Colusa, CA 95932	Phone: 530-458-0380 Fax: 530-458-4136 Email: csteinhoff@colusadhhs.org
Contra Costa	Dan Guerra Contra Costa EMS 1340 Arnold Drive, Ste. 126 Martinez, CA 94590 Note: Contra Costa County will exercise a chemical exposure scenario in 2007	Phone: 925-646-4690 Fax: 925-646-4379 Email: DGuerra@hsd.cccounty.us
Del Norte	Cindy Henderson Dept of Health & Human Services Public Health Branch 880 Northcrest Drive Crescent City, CA 95531	Phone: (707) 464-3191 ext. 236 Fax: (707) 465-1792 Email: chenderson@co.del-norte.ca.us
El Dorado	Chris Weston or Richard Todd Public Health Dept. Preparedness 15 Placerville Drive, Suite J Placerville, CA 95667	(Chris) Phone: 530-621-6252 Cell: 530-919-0831 (Todd) 530-621-6505 Fax: 530-621-4781 Email: cweston@co.el-dorado.ca.us; rtodd@co.el-dorado.ca.us
Central California EMS Agency (Fresno, Kings, Madera, Tulare)	Lee Adley PO Box 11867 Fresno, CA 93775	Phone: 559-445-3387 Fax: 559-445-3205 Email: Ladley@fresno.ca.gov
Glenn	Grinnell Norton Public Health 240 N. Villa Avenue Willows, CA 95988	Phone: 530-934-6588 Fax: 530-934-6463 Email: gnorton@glenncountyhealth.net

State of California
Statewide Medical & Health Disaster Exercise
October 25, 2007

Operational Area Medical & Health Exercise Contacts

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Kern	Russ Blind Senior Coordinator 1400 H Street Bakersfield, CA 93301	Phone: 661-868-5201 Fax: 661-322-8453 Email: blindr@co.kern.ca.us
Lake	Craig McMillan Lake Co. Dept. of Health 922 Bevins Court Lakeport, CA 95453	Phone: 707-263-1090 Fax: 707-262-4280 Email: craigm@co.lake.ca.us
Lassen	No exercise contact provided. Please contact your local health department or OES for an Exercise Contact.	
Los Angeles	Gertha Benson Disaster Preparedness Coordinator 5555 Ferguson Drive, Suite 220 Commerce, CA 90022	Phone: 323-869-8041 Fax: 323-869-8065 Email: gbenson@ladhs.org
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Mendocino	Sam Barnet Coastal Valley EMS 175 South School St. Ukiah, CA 95482	Phone: 707 472-2785/2786 Fax: 707- 707 472-2788 Email: barnetts@co.mendocino.ca.us
Merced	Ron Duran EMS Specialist 260 E. 15th Street Merced, CA 95340	Phone: 209-381-1260 Fax: 209-381-1259 Email: rduran@co.merced.ca.us
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State of California
Statewide Medical & Health Disaster Exercise
October 25, 2007

Operational Area Medical & Health Exercise Contacts

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Nevada	Andrea Straatemeier, RN 500 Crown Point Circle Ste. 110 Grass Valley, CA 95945	Phone: (530) 265-7174 Fax: 530 271-0837 Email: Andrea.Straatemeier@co.nevada.ca.us
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Riverside	Britta Barton 3900 Sherman Drive Riverside CA 92503 Post Office Box 7600 Riverside, CA 92513-7600	Phone: 951-358-7100 Fax: 951-358-7105 Email: brittabarton@co.riverside.ca.us
Sacramento	Preston Rusch Sacramento Co. EMS 9616 Micron Avenue, Suite 635 Sacramento, CA 95827	Phone: 916-875-9753 Fax: 916-875-9711 Email: ruschp@saccounty.net
San Benito	James Clark San Benito County EMS 1111 San Felipe Rd., Ste 102 Holllister, CA 95023	Phone: 831-636-4066 Fax: 831-636-4037 Email: james@sanbenitoco.org

State of California
Statewide Medical & Health Disaster Exercise
October 25, 2007

Operational Area Medical & Health Exercise Contacts

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Santa Barbara	Nancy Lapolla MHOAC/EMS Administrator 300 North San Antonio Road Santa Barbara, CA 93110-1316	Phone: 805-681-5274 Fax: 805-681-5142 Email: Nancy.Lapolla@sbcphd.org
Santa Clara	Michael Clark Santa Clara EMS 645 South Bascom Avenue San Jose, CA 95128 Note: Santa Clara is participating in Golden Guardian and not in the Statewide Exercise	Phone: (408) 885-3574 Fax: (408) 885-3538 Email: Michael.Clark@hhs.co.santa-clara.ca.us
Santa Cruz	Celia Barry Santa Cruz EMS 1080 Emeline Avenue Santa Cruz, CA 95060	Phone: 831-454-4751 Fax: 831-454-4272 Email: celia.barry@health.co.santa-cruz.ca.us
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Sierra	No exercise contact provided. Please contact your local health department or OES for an Exercise Contact.	

State of California
Statewide Medical & Health Disaster Exercise
October 25, 2007

Operational Area Medical & Health Exercise Contacts

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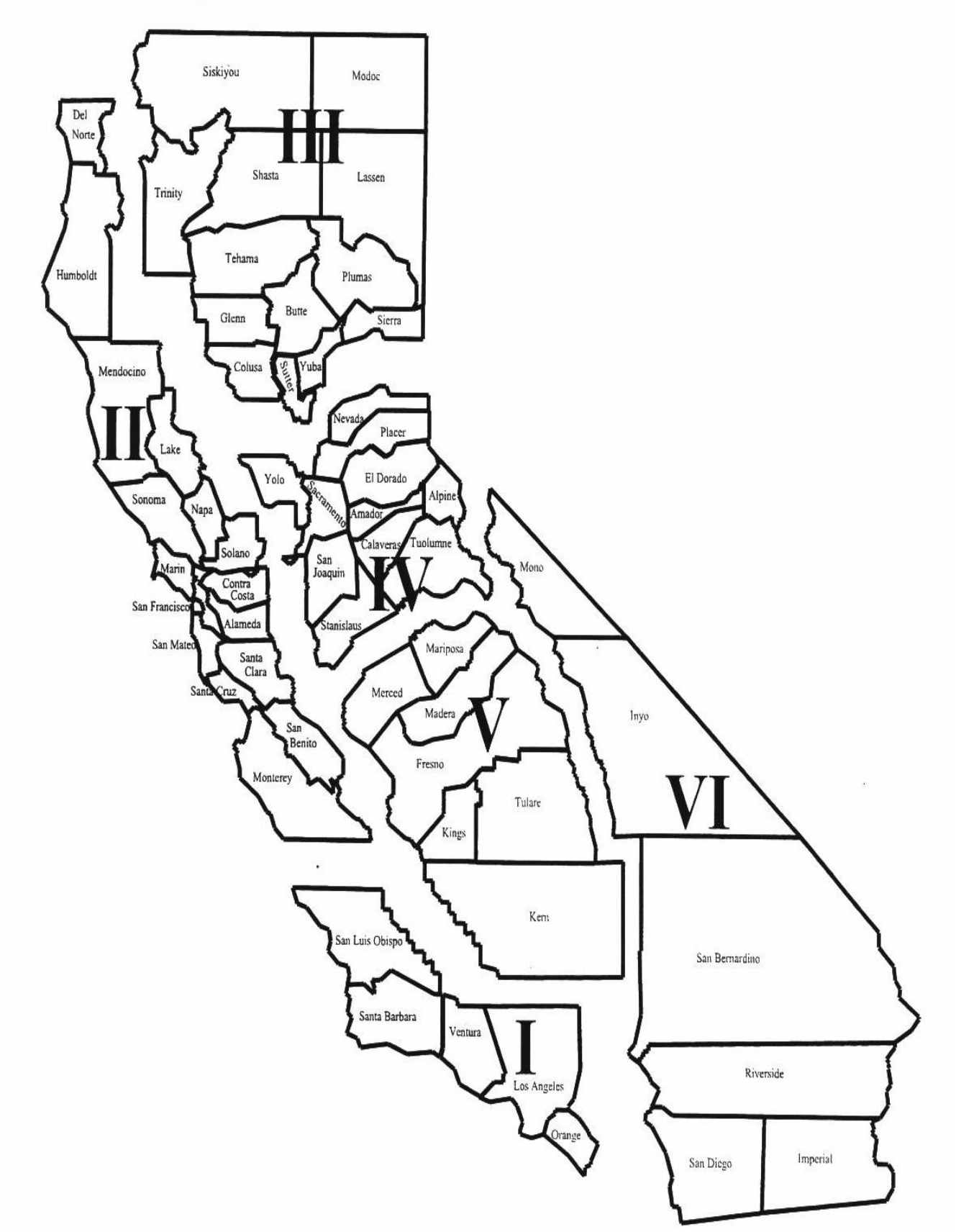
State of California
Statewide Medical & Health Disaster Exercise
October 25, 2007

OES Mutual Aid Regions Map



State of California
Statewide Medical & Health Disaster Exercise
October 25, 2007

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